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Walden University

College of Education

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David Vera

has been found to be complete and satisfactory in all respects,
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Walden University

2019

Abstract

Comprehending Support Decisions of Undergraduates Who Experienced Anxiety and
Depression

by

David Vera

MA, Santa Clara University, 2013

BA, National Hispanic University, 2009

Project Study Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Doctor of Education

Walden University

August 2019

Abstract

A West Coast university has had an increase of students who have experienced anxiety or depression over the last few years and have not sought professional assistance. Students have stated that multiple factors contributed to their anxiety or depression, including difficulty adjusting to their new college environment. This challenge has disrupted students' academic performances and often left them without professional help to deal with their anxiety or depression. The purpose of this qualitative narrative inquiry was to increase understanding of factors that lead undergraduate students to experience anxiety and depression and factors that led to their decision to seek or not seek assistance on campus during their 1st year of college. The conceptual framework that was used encompasses how Ajzen's theory of planned behavior relates to help-seeking behaviors of students. Research questions addressed factors that contribute to an undergraduate's anxiety or depression and what led them to seek or not seek professional assistance during their first year. Eleven undergraduates with a history of anxiety or depression were asked to participate in face-to-face interviews to address the research questions. Narrative analysis was used to analyze the data. The most common themes that were found to have contributed to mental health challenges were pressure, transition and adjustment, and roommate and familial challenges. In addition, the factors that led participants to seek or not seek professional help included influence by peers, affordability, and perceived stigma. Based on findings from the study, a white paper was developed to attempt to improve the institution's culture of mental health by encouraging students to seek assistance for their anxiety and depression without any internal and external barriers.

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Dedication

This is dedicated to the students who have allowed me to be a part of their educational journey since I started my career in higher education in 2005. Also, I am dedicating this to the students who participated in this study and shared their experiences with me. It was an honor to work with them. Lastly, this is dedicated to everyone who has experienced mental health challenges and to the counselors and departments who have helped them along the way.

Acknowledgments

I want to thank my lovely wife, Christine, who supported me through my highest of highs and lowest of lows during my doctoral journey. Also, a big thank you to my family, friends, colleagues, and most importantly my chair members, Dr. Sorrell and Dr. Orr. Thank you all for your guidance and infinite support.

Table of Contents

List of Tables	v
Section 1: The Problem.....	1
Introduction.....	1
Definition of the Problem	3
Rationale	6
Evidence of the Problem at the Local Level.....	6
Evidence of the Problem from the Professional Literature.....	10
Definitions.....	16
Significance.....	16
Guiding/Research Questions.....	17
Review of the Literature	18
Conceptual Framework.....	18
Transition from High School to Higher Education.....	22
Financial Challenges.....	27
Academic Pressure.....	30
Choice of Lifestyle and Addiction.....	35
Gender and Ethnicity	38
Counseling Services.....	40
Underutilization of Professional Mental Health Resources.....	41
Implications.....	46
Summary.....	47

Section 2: The Methodology.....	48
Introduction.....	48
Qualitative Research Design and Approach	48
Narrative Inquiry.....	50
Participants.....	53
Participants and Purposeful Sampling	53
Ethical Considerations	55
Data Collection	56
Demographic Information.....	57
Interviews.....	58
Field Notes	60
Keeping Track of Data.....	61
Researcher Responsibility and Relationship With Participants.....	61
Data Analysis	62
Coding the Data	62
Measures to Ensure Quality	63
Findings.....	64
Experiences Prior to Enrolling at a Four Year University	65
Factors Contributing to Anxiety and Depression.....	73
Transition and Adjustment Challenges	85
Roommate and Familial Challenges	91
Thoughts and Previous Experiences of Mental Health Services	106

Participants Who Sought Assistance	114
Participants Whom Eventually Sought Assistance	122
Participants Whom Did Not Seek Assistance	132
Discussion	141
Section 3: The Project	145
Introduction	145
Description and Goals	145
Rationale	146
Review of the Literature	146
Policy Implementation	149
Writing the White Paper	151
Implementation	158
Potential Resources, Existing Support, and Barriers	158
Proposal for Implementation and Timetable	159
Roles and Responsibilities of Stakeholders	160
Project Evaluation	160
Implications Including Social Change	161
Local Community	161
Far-Reaching	162
Conclusion	162
Section 4: Reflections and Conclusions	163
Introduction	163

Project Strength.....	163
Scholarship.....	165
Project Development and Evaluation.....	166
Leadership and Change.....	166
Analysis of Self as Scholar	167
Analysis of Self as Practitioner.....	168
Analysis of Self as Project Developer	168
The Project’s Potential Impact on Social Change.....	169
Implications, Applications, and Directions for Future Research.....	170
Conclusion	171
Appendix A: The Project	190
Appendix B: Project Study Evaluation.....	210
Appendix C: Flyer.....	214
Appendix D: Student Demographic Form	215
Appendix E: Interview Questions for Students	216

List of Tables

Table 1. Participant Demographics.....	58
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Section 1: The Problem

Introduction

College students across the country have been enduring mental health challenges that have affected their academic careers and personal lives. This problem of increased numbers of undergraduate students failing or withdrawing from college for anxiety or depression is reflected nationally (American Psychological Association, 2014). Researchers over the last few decades have explored the problem of anxiety and depression in undergraduate students. The most common mental health challenges that students experience are anxiety and depression (Regents of the University of Minnesota, 2014). Both mental conditions can overtake someone's livelihood and affect their well-being.

Anxiety is a mental health challenge that can affect a person's emotional, physical, and behavioral state and can create an unpleasant feeling (Regents of the University of Minnesota, 2014). Depression is a condition that can also affect someone's daily life and cause pain for not only them, but also for their loved ones. Signs and symptoms of depression may include, but are not limited to, persistent sadness, constant nervousness, or emptiness, feelings of hopelessness, guilt, fatigue, and thoughts of suicide (Regents of the University of Minnesota, 2014).

Katz and Davison (2014) reported that the increase of anxiety and depression coincides with the demand for mental health counseling services, with over a 90% increase of students seeking assistance over the past decade. Katz and Davison's findings

are supported by Wristen (2013), who studied the rise of mental health challenges, primarily depression and anxiety, in students at a university's music department.

Despite the rise of anxiety and depression among undergraduate students, there has been concern with students not seeking help for their mental health challenges. According to the National Alliance on Mental Illness (NAMI), more than 40% of undergraduate students who withdrew from their college stated that they did not request accommodations for their mental health challenge and did not seek help for it (NAMI, 2012). To coincide with this report, Han, Han, Luo, Jacobs, and Jean-Baptiste (2013) reported nearly 30% of Chinese International students at Yale University did not seek assistance for anxiety and depression due to being unaware that the institution offered these services.

From the literature reviews I have read throughout my research, I noticed that many researchers on mental health in higher education have used quantitative research approaches and did not explore individual students' perceptions of seeking professional assistance. In a study by Han and Pong (2015), a cross-sectional research design was used to review the help-seeking behaviors among Asian American community college students. In their findings, the researchers stated that there is a stigma among Asian American community college students when it comes to seeking assistance for their mental health challenges; however, second generation Asian American students are more than likely to seek help than first generation counterparts (Han & Pong, 2015).

Another quantitative study that focused on students not seeking help comes from Topkaya (2014). The researcher's study was aimed at determining the role of gender,

self-stigma, and public stigma associated with psychological help-seeking attitudes. The researcher found that males are more likely to experience self-stigma and public stigma associated with seeking help for their mental health challenges compared to women (Topkaya, 2014). Additionally, males have been told not to express any emotion due to their gender and are unlikely to seek help for their condition (Topkaya, 2014).

There have been limited studies that capture the essences of factors that are contributing to undergraduates' help-seeking decisions and explaining how these students decide whether to seek professional assistance. For instance, Aguirre (2012) conducted a qualitative study on mental health challenges among students of Mexican origin, and Al-Bahrani (2014) conducted a qualitative exploration of help-seeking process among students who were enrolled at Sultan Qaboos University. In this study, a qualitative approach will be used to gain in-depth understanding of factors that affect undergraduate students' decision whether to seek help for their mental health challenge.

Definition of the Problem

Young adulthood tends to be a period when students have an increased risk of mental health problems as their responsibilities increase (Archuleta, Dale, & Spann, 2013; Singh & Tuomainen, 2015). Singh and Tuomainen stated that transition is more apparent and problematic in a young adult's mental health than physical health. Many students who experience this transition are having to make decisions for themselves that may be more challenging than expected. Some of the decisions include going to college, picking a major, obtaining a job, forming close relationships, and paying for their expenses (Archuleta et al., 2013; Gralinski-Bakker et al., 2005)

The focus for this project study is the need to understand help-seeking behaviors for depression or anxiety in undergraduate students at a four-year public institution in west coast. Some students have stated that they experienced serious mental health challenges, such as anxiety or depression, during their first year of college (Seligman, 2015). The Seligman report noted that the demand for mental health services has increased by 40% over the past six years at this research site. Although some students sought assistance for their mental health challenges, there were many did not seek this help.

These challenges in understanding help-seeking behaviors for depression or anxiety at the research site were confirmed by the Satisfactory Academic Progress (SAP) appeals presented to me in the financial aid office. Students who complete SAP appeals are identified when they do not meet the federal and institutional satisfactory academic progress. Federal aid regulations require students to meet the standard SAP requirements to remain eligible for financial aid. Per the Federal Student Aid handbook (2018), schools must monitor a student's progress for them to remain eligible for financial aid. Most institutions, including the one that will serve as the research site for this study, require students to pass their attempted classes with at least a 2.0 grade point average.

Authors such as Kim and Zane (2015) and Vogel, Bitman, Hammer, and Wade (2013) have demonstrated that a substantial portion of undergraduate students are underutilizing mental health services for their mental health challenges, thus preventing them from succeeding in their academic career. Kim and Zane studied why students were not using services for their mental health challenges. Participants in the study were

undergraduates enrolled in various psychology courses at a public institution in the west coast. The researchers used a cross-sectional online survey to gather data on 1,005 students; however, only data from 656 students (261 white, 395 Asian Americans) who stated that their psychological distress was at least moderate were used for the analyses. The researchers found that despite Asian-American students reporting greater psychological distress than European-Americans, they had lower help-seeking intentions (Kim & Zane, 2015). Only 9% of the Asian American sample population had indicated that they used services for their distress.

Vogel, Bitman, and Hammer (2013) examined the relationship between public stigma and self-stigma over a 3-month time span. The researchers chose to examine this in a 3-month time span to confirm their hypothesis that public stigma causes self-stigma. The researchers used a cross-lagged analysis (quantitative approach) for the study and selected 448 participants from a large university in the Midwest. Most of their participants were females (67%) and European American (85%). In their findings, the researchers stated that public stigma influences students' decision whether to seek help for their mental health challenge (Vogel et al., 2013).

These studies have primarily used quantitative research methods to determine the numbers of students who were experiencing mental health conditions and did not seek assistance. In this study, I explored what factors in the university environment influence students' decision whether to seek help for their mental health challenges and what the institution is doing to assist them. Administrators and faculty across the country, as well as at the research site, need to obtain a clearer understanding of these factors.

Administrators and faculty at college campuses across the country will need to be not only aware of the rise of anxiety and depression among their undergraduate population, but also that segments of this population are not using professional services for their mental health challenges. Although many colleges and universities have a mental health awareness focus for a month during their academic calendar, researchers have suggested that college campuses can do more to encourage students to seek help and to support others who may be experiencing similar challenges (Quinn, Wilson, MacIntyre, & Tinklin, 2009). Walther, Abelson, and Malmon (2014) stated that student peer advising can play a vital role in influencing students to seek help for mental health challenges. Additionally, students who do not wish to seek help or to admit that they are enduring a mental health condition stated that they fear the stigma that exists (Quinn et al., 2009). Thus, there is a gap in practice when it comes to fully understanding what students go through when they experience anxiety or depression, and what influences their decision whether to seek help.

Rationale

Evidence of the Problem at the Local Level

For this project study, the name of the participants' institution was not used; instead a pseudonym was used: Western, a highly-rated institution located in the west coast of the United States that receives thousands of admission applications from students all over the world. The U.S. News and World Report (2016) stated that Western University receives 60,000 applications yearly yet accepts no more than 20% each year.

Additionally, Western University has a large undergraduate population of over 25,000, with an additional 10,000 of graduate students.

My current role at Western University is working as a counselor at the financial aid and scholarships office. I have been working at this site for more than five years, but over thirteen years in the related job field, and have met and counseled students about their financial aid eligibility. One of the responsibilities that a counselor at this office has is reviewing the satisfactory academic progress, also known as SAP, for each student who is receiving federal, state, and institutional financial aid. This process is often reviewed toward the end of the spring semester, and ineligible students are notified prior to the start of the new academic year. Each year, personnel at the office, including myself, read personal statements from ineligible students from SAP appeals. Each financial aid counselor reviews over 10 SAP appeals a week. Counselors in the financial aid office tend to review 40 or more appeals throughout the academic year. Most of the appeals that are reviewed have a student stating that they had experienced anxiety or depression (internal document, 2015). For instance, an example of evidence that led me to study this problem is a student's comment in her personal statement that her first year at Western University was stressful and was unsuccessful on passing her unit attempted. At this point she realized that she started to develop anxiety (student personal statement, 2015).

Western University's completion rate is one of the best in the country, as it has a rate of over 95% (U.S. News & World Report, 2016). However, there are some who are unable to pass their attempted courses to obtain a feasible grade point average during

their first year due to experiencing anxiety or depression (written statement from student, 2015). Although, there have been no actual statistics of how many students drop out of Western University due to anxiety or depression, there has been concern on campus about the well-being of students who are experiencing anxiety or depression. Whenever this affects a student's academic career, they tend to not meet the SAP that was mandated by the institution.

The SAP appeal requires students to meet with their academic advisor to sign off on their academic planner. The academic planner states the number of units the student plans on taking and passing. Students often explain in detail how well they did in high school and had little to no challenges on passing their classes. They also describe their mental health prior to enrolling in a four-year institution and how it was stable compared to their current circumstance (personal communication, 2015). Bertram (2010) stated that students' anxiety or depression starts to develop during their time in a college for many reasons (failed relationships, not meeting expectations, etc.) or have entered college with a pre-existing condition.

While writing their statements, students include a long and detailed statement on what led to their lack of success on passing their attempted units. After they submit this to the financial aid office, the office personnel review the appeal. Although the appeal process may seem to add more stress to a student's anxiety or depression, the process may be rewarding for students. For example, a student mentioned in their personal statement that by talking to an academic counselor it made them aware of other services

on campus that they were not fully aware of; thus they were able to use other services on campus to their advantage (student communication, 2015).

Some students provided details about their anxiety or depression, stating that they had endured anxiety or depression but did not initially seek assistance. By the end of the of their first term, some students stated that they did not feel the need to seek help as the symptoms were temporary (personal communication, 2015). By the middle of the spring term, often sooner, these same students sought help but not professionally. They instead spoke with a close friend or family member and had them write a letter of support for the student and confirm the challenges the student experienced. Walther et al. (2014) stated that peer-to-peer counseling tends to work, but in a limited capacity. The authors strongly encouraged students to obtain professional assistance if the issue did not alleviate from the peer-to-peer advising.

After speaking with a colleague from a local college support program about my dissertation topic, he was very curious if his students at his site were experiencing similar challenges at their respective institutions. A pseudonym was used in lieu of the program's real name. The name of the program is called Bay Area College Support (BACS). The BACS program is a local Bay Area program that supports local residential students who are attending various higher education institutions in California. Their main mission is to provide additional support to under-prepared undergraduate students, who are attending public institutions.

Evidence of the Problem from the Professional Literature

To gain a better understanding of the help-seeking challenges, I will present the rise of mental health challenges among college students, and the underutilization of psychological services in this part of the project study. There have been several studies explaining that mental health challenges among undergraduates across the world have been on the rise, and it has been a growing interest for researchers (Archuleta, Dale, Span, & Kruisselbrink Flatt, 2013).

Aberson, Barrow, Draper, and Erdur-Baker (2006) conducted a study to examine the claim from college counseling center staff stating that there was a significant increase of students reporting a mental health challenge. The results of their study provided evidence of the counselors' claim, as the severity of college students' anxiety and depression increased over time (Aberson et al., 2006). Mahmoud, Staten, Hall, and Lennie (2012) implemented a study to address the increased percentage of college students with anxiety and depression that was reported by the American College Health Association. In a survey of 508 undergraduates, Mahmoud et al. determined that 29% of respondents were experiencing depression and 27% were feeling anxious; however, 67% of anxious students were also depressed. Students who reported higher depression scores were either sophomores or between the ages of 18-19 years old, and female students were more anxious than male students (Mahmoud et al., 2012).

In 2006, the National Survey of Counseling Directors reported that 92% respondents strongly believed that the number of students with severe mental health challenges has increased and will continue to increase (Blanco et al., 2008). Counseling

centers have encountered a high number of students seeking mental health assistance and a majority of them were coming from female students (Blanco et al., 2008). Watkins, Hunt, and Eisenberg (2012) conducted a study where ten college counseling administrators engaged in some semi-structured interviews about the recent increased demands for mental health services. There were several themes that researchers found while interviewing the administrators. The themes were increase in the severity of mental health and demand for services, overall psychological differences in today's student population, and changes in the roles of counseling centers, and institutional challenges and response to the challenges (Watkins et al., 2012).

Kruisselbrink Flatt (2013) stated that students struggling with a mental health disorder such as depression, anxiety, and suicidal thoughts are on the rise among undergraduates across the country. The researcher stated that the mental conditions often appear between the ages of 18 and 24 years old, and students either enter college or a university with a history of psychological challenges, while some develop a psychological condition during their time in higher education (Kruisselbrink Flatt, 2013).

Despite the mental health concern on college campuses, studies have shown that students are not reporting their mental health condition to their counseling centers. Studies have reported that students are not looking for professional counseling due to reasons that include, but not limited to, not knowing about on campus health services or unable to locate these services, unable to afford to pay for professional assistance, and the stigma that comes from seeking for help for a mental health challenge (Quinn et al., 2009). When it comes to stigma, Vogel, Wade, and Haake (2006) stated that there are

two kinds of stigma, public and self-stigma. Public stigma is a perception that is held by a society or a group of people that tend to socially judge an individual and tends to lead toward a negative reaction. Self-stigma is the decrease of someone's self-esteem caused by their own self-labeling (Vogel et al., 2006). One other reason why students may not seek assistance is due to their family upbringing. Haber and Merck (2010) reported that students who come from a family that does not encourage the display of emotion will more than likely develop a mental state where they are unable to express their feelings.

Soet and Sevig (2006) conducted a study where they examined over 900 college students who experienced mental health challenges, who were enrolled at a large Midwestern public university; only 30% of these students reported that they visited a counseling center at their respective campus. Yorgason, Linville, and Zitzman (2008) conducted a similar study, and 60% of their student participants with a mental health condition were unaware or uncertain about the availability of campus mental health service. College counseling centers tend to see a very small percentage of students who can benefit from their center's services. Campuses across the country should increase their efforts to reduce the stigma and discrimination related to mental health issues by conducting outreach to their students and encouraging them to seek for assistance (Mier, Boone, & Shropshire, 2009)

Upon reading resources about who experiences anxiety or depression frequently and seeks for assistance, women tend to experience depression or anxiety more often than men (National Institute of Mental Health, 2015), and tend to seek assistance for their mental health challenges (Yorgason, Linville, & Zitzman, 2008) more than their male

counterparts. In addition, American students are more than likely to seek help from mental health centers than international students if they are experiencing anxiety or depression. This is a serious problem since there is a higher percentage of international students experiencing anxiety or depression compared to national students (Forbes-Mewett & Sawyer, 2016).

Han et al. (2013) at Yale University, 130 Chinese immigrant students were surveyed about their mental health status. Most of the participants reported that they had symptoms of depression or anxiety. Despite their mental health challenges, some reported that they were not interested in utilizing the campus mental health counseling services or were not aware of counseling services being offered on campus (Han et al., 2013).

There are three ethnic groups of students that stood out the most when it comes to not seeking assistance for their mental health challenges. The three ethnic groups are African-, Asian-, and Latino-American undergraduate students, as they tend to experience a higher level of mental distress compared to other ethnicities (Turner & Smith, 2015). African-American students are unlikely to seek professional assistance due to having negative attitudes toward counseling (Mesidor & Sly, 2014). Asian-American students also fall under this category of not obtaining services, as they would rather speak with a friend than seek professional assistance (Suan & Tyler, 1990). Hispanic college students were more than likely to not seek assistance due to the social stigma and shame attached with using these services (Yorgason et al., 2008)

Researchers have examined factors that lead to students seeking professional counseling assistance for mental health problems (Hoey, 2014; Mesidor & Sly, 2014;

Turner & Smith, 2015). Students who seek help tend to have a positive attitude about the services (Hess & Tracey, 2013). Students who sought assistance knew someone close to them who endured similar mental health challenges and had a positive experience with the counseling services that were provided to them. Due to the help of on campus outreach from these services, students could forgo their fear of stigma and accept the assistance (Yorgason et al., 2008).

Hoey (2014) conducted a study on college students and help-seeking behavior. In her study, Hoey (2014) wanted to examine what led students who were experiencing a mental health condition to seek help. Eleven participants (10 females, 1 male) were selected for the qualitative study. Hoey (2014) listed several themes and noted that the one consistent factor was that sources had influenced participants to seek assistance. For example, the participants for the study indicated that several factors influenced their decision to seek help that included promotional ideas from their campus, increased stress, and the convenience of scheduling and meeting with a counselor (email, online, walk-in appointments, etc.)

However, there are some on campus counselling centers that have not been able to obtain similar results and feedback due to the overwhelming number of students asking for assistance and shortage of staff and resources on-site (Watkins et al., 2012). There has been a high demand for student mental health services among undergraduate students on college campuses and some counseling centers on campuses have been struggling to meet the surging demands (Salzer, 2012). This challenge is not exclusive to the United States; as other countries, have reported similar challenges (Wood, 2012; Kruisselbrink Flatt,

2013). Over the last decade, many directors of counseling centers in Canada have stated that they have faced a very high number of cases that displayed mental health challenges (Kruisselbrink Flatt, 2013). The high demand of mental health services has caused a burden on counselors to the point of feeling overwhelmed. In a Canadian institution, college counseling directors who participated in a survey have stated that they are experiencing similar high demands (Kruisselbrink Flatt, 2013). However, many institutions were not fully equipped to offer the proper services to these students (Wood, 2012).

There has been a significant increase in demand for counseling services on campuses, as reported by counseling center directors (Katz & Davison, 2014), and Western University and BACS are not the exception. Thus, the reason for this project study is to increase understanding of factors that lead undergraduate students to experience anxiety or depression, as well as factors that lead to their decision to seek or not seek assistance on campus. Administrators, counselors, and faculty across the country, as well as at the research site, need to obtain a clearer understanding of these factors. By obtaining information from students and having each student describe their experiences of dealing with anxiety and depression, whether mild or severe, institutions across the country, and internationally, can create a culture of daily awareness for mental health on campus. Lastly, findings from this project study may improve the relationship and experiences for students with mental health challenges and lessen the number of student withdrawals from colleges and universities, as well as academic programs.

Definitions

Anxiety: feelings of worry and/or fear that are strong enough to interfere with a person's day-to-day activities (National Institute of Mental Health, 2015).

Depression: a mood disorder that causes consistent feelings of sadness, loneliness, and loss of interest (National Institute of Mental Health, 2016).

Help-seeking: A process of finding and obtaining support from others, either professionally or not (Vogel, et al., 2006).

Mental Health Challenge: a condition affecting the human brain and influences how an individual think, feels, behaves and/or relates to others and to their environment (The Main Place, n.d.).

Psychological Services: a service where people, including students, can seek help for their psychological challenges, and obtain counseling services as well (Columbia University in the City of New York, 2015).

Second-Year Undergraduates: Undergraduate students who have enrolled at a college or university who are continuing with their academic career or have not completed 30-59 units (California State University, 2016).

Stigma: a perception of being flawed due to a personal or physical characteristic that is regarded as socially unacceptable (Blaine, 2000).

Significance

Many studies that reviewed college students' mental health in higher education have stated that financial, academic, and lifestyle challenges were some factors leading to a student's mental health challenges. Students beyond their first year were selected for

this study because they experienced their first year in higher education as an undergraduate and were away from home or entering uncharted territory. A first year for an undergraduate can be a “make or break” year in that they will either continue with their education in a post-secondary institution or decide that they will forgo their second-year at this institution and attend another school or drop out of college altogether (National Student Clearinghouse Research Center, 2014). Reviewing each one of these current and potentially new factors contributing to a student’s anxiety or depression and obtaining personal stories from students and counselors will help college and university administrators understand the problem at hand and determine if more resources are needed to promote a healthier environment on campus.

Colleges and universities should provide ways for students not only to succeed during their enrollment, but also ensure that they do not endure mental health challenges by themselves. Students should be encouraged to use services that are being offered on campus. Since the number of college students with mental health disorders continues to rise, it is significant for this project study to identify strategies within the academic environment that can help students effectively manage mental health challenges.

Guiding/Research Questions

In this project study, I explored factors in the higher education environment that created mental health challenges for students and affected their decision whether to seek support for these challenges. The perceptions of full- and part-time college students who endured either anxiety or depression during their first year in higher education was explored. Understanding the insights of both undergraduate students will provide an

awareness on how to help undergraduate students cope with anxiety and depression and help counseling centers and counselors develop an outreach method to ease the stigma that is often connected with mental health problems. The research questions focused on perceptions of students.

RQ1 – How do undergraduate students describe factors that create mental health challenges while attending a four-year public institution, during their first year?

RQ2 – What factors do undergraduate students consider when deciding whether to seek support for mental health challenges, during their first year?

Review of the Literature

This section of the proposal includes the conceptual framework relevant for this study and a review of literature specifically related to the problem being studied. By logging into the Walden Library online, I obtained literature that related to the problem for the project study by using education databases such as Education Research Complete, ERIC, and Academic Search Complete. Additionally, I gained literature from the National Center for Biotechnology Information's (NCBI) website. Although there were some challenges on obtaining articles, the most common words that were used were: *depression* and *anxiety* among *undergraduates*, *mental health awareness*, *help-seeking traits*, and *theory of planned behavior (TPB)*, *health and wellness*; *emotional well-being*, *stress management*.

Conceptual Framework

The chosen conceptual framework is the theory of planned behavior (TPB), which has emerged as one of the most popular conceptual frameworks for the study of human

action (Ajzen, 1991). The TPB, established by Icek Ajzen (1991), is an extension of Ajzen and Fishbein's theory of reasoned behavior. The TPB links beliefs and behaviors of individuals' intention to seek assistance on what the participant is seeking for the challenges they are experiencing. For this study, this framework was used to focus on how it relates to students' intention to seek assistance for their anxiety or depression. TPB has been used as a framework in varied studies to comprehend a range of behaviors and help-seeking intentions and to predict deliberate and planned behavior, such as Sutter and Paulson's (2016) study on predicting college student's intention to graduate; Mesidor and Sly's (2014) study on predicting international and African-American's college student's intention to seek help.

The TPB has three elements, behavioral, normative, and control beliefs, which are integral to this study of students seeking help. Behavioral beliefs are assumed to influence attitudes toward the behavior; normative beliefs (also known as subjective norms) affect the extent to which other people who are important to them think they should or should not perform behaviors; and control beliefs relate to the presence of factors that may further or hinder the performance of the behavior (Ajzen, 1991). The connection between all three framework elements revolves around beliefs of an individual when deciding to seek help. For instance, a student may consider the positive and negative consequences he or she may experience when seeking help (behavioral belief), carefully consider the perceptions of others related to seeking help (normative beliefs), and/or believe they can control the outcome of an event (control belief).

The TPB may be useful for understanding why undergraduate students sought or did not sought professional assistance for their mental health challenges. In considering the three elements of TPB, we may find out which of the three beliefs the participants of the project study may endure when seeking help or not. The TPB has been effective in predicting behaviors for both groups and individuals, including predicting an individual's intent to seek help from a professional mental health counselor (Aguirre, 2012).

Aguirre examined help-seeking behaviors among college students of Mexican origins who were suffering from anxiety or depressive symptoms. The researcher applied the TPB framework to his qualitative study on why Mexican-American undergraduates from a Texas university were not utilizing professional services for their mental health challenges. The framework enhanced understanding of help-seeking decisions for mental health services. The researcher gathered data by using a TPB questionnaire with open-ended questions and a demographic questionnaire, like the one planned for this project study, to ask participants about their background. The participant pool consisted of 136 students of Mexican origin (100 females, 36 males), between the ages of 18 to 27 years old, who were mostly second generation Mexican-Americans, parents who were born in the U.S., and grandparents born in Mexico (Aguirre, 2012).

Aguirre found some evidence to support the TPB model when predicting help-seeking behaviors for Mexican-American students. Findings indicated that attitudes about help-seeking behavior and normative beliefs predicted intent to seek help. Participants were asked about their views of their peers seeking mental health assistance and stated that they were more than likely to label help-seeking behaviors as favorable. Findings

also showed that those who did not seek help were more than likely to hold negative attitudes and beliefs toward mental health and mental health services. Participants who reported being a non-help-seeking student stated that they did not seek help due to negative experiences with prior counseling services. Additionally, they were more likely to reject the idea of seeking help due to perceived prejudice from their family and friends, as they may view seeking help as stigmatizing (normative belief) (Aguirre, 2012).

Cascamo (2013) used the TPB framework for his study to learn if participation in a gatekeeper suicide prevention program, such as the Question, Persuade, and Refer (QPR), increases suicide knowledge, awareness, and intervention skills, and increases positive attitudes toward seeking mental health services. The researcher attempted to determine if students at a community college who were trained in a 1-hour gatekeeper suicide prevention curriculum would have positive attitudes toward seeking help. Participants were given a demographic sheet, like this planned project study and Aguirre's (2012) study. Cascamo (2013) sampled 108 students attending a community college in Oregon. The researcher found that the training increased help-seeking attitudes in both men and women, but the increase was more pronounced in men (Cascamo, 2013).

Mesidor and Sly (2014) used this theory for their research for the help-seeking behaviors among international students. Their study examined the relationship between beliefs, psychological distress, and help-seeking intentions for 111 international and African American students. Their results found that perceived control was a factor for students seeking help for their mental health challenges (Mesidor & Sly, 2014) rather

than attitudes of others (normative belief). This meant that students believed seeking help will help with the mental health challenges.

By reviewing these studies that used the TPB to enhance understanding of help-seeking behaviors and reflecting on my project study methodology, I determined that this framework was effective in guiding this study as I explored if certain beliefs from students prohibited or encouraged them to seek help for their anxiety or depression. Using this framework with a narrative inquiry allowed me to elicit narratives from participants' beliefs were related to why their help-seeking behaviors. The research questions and interview protocol gathered data and determined which of the beliefs a participant used in their decision making on seeking help or not. Data was also analyzed in relation to the three elements of the TPB. In the following section, I presented themes from my literature search related to influences that affect a student's psychological distress and why they did not seek assistance.

Transition from High School to Higher Education

Anxiety and depression not only affect college students in the U.S., but also all over the world. Studies have suggested that there are several factors that go into a student's anxiety or depression. Kruisselbrink Flatt (2013) presented some factors that contribute to a Canadian college student's anxiety or depression, as well as counseling centers' concerns on the high number of students seeking assistance. The researcher listed several factors that contribute to a student's anxiety or depression. However, there is one factor that seems to be the most common not just in higher education, but also in general. This factor is the process of transition and adjustment.

Human beings all over the world experience changes in their lives. For example, they graduate from college, head into the career they had worked hard for, and along the way they are in a committed relationship, get married, and starting a family of their own with their spouse, handle the death of a close family member. The examples provided are known as transitions. Transitions in life happen to every human being, whether it is obvious or not. Transitions in life can be accepted or challenging for most and college is usually an early indicator on how a young adult can adapt to changes (Halphen, 2014).

Young adults who transition from high school to college tend to be optimistic about their upcoming admission into a college or university of their choice. They are often told that if they were to graduate with a degree that they are more than likely to obtain a job in their chosen career field and become successful. However, they are faced with emotional challenges that are connected to stress caused by transitioning into college life along the way (Wyatt, Oswalt, & Ochoa, 2017).

Harper and Newman (2016) conducted a study about black undergraduate males and their first year experience. The purpose of the study was to examine what black males experience during their transition to higher education, more specifically if they encountered any challenges and how they dealt with it (Harper & Newman, 2016). The researchers implemented their study at 42 colleges across the country and garnered 219 black male students, who were mostly juniors and seniors in college. The researchers applied a qualitative method by conducting face-to-face interviews with all 219 participants that lasted no more than 3 hours each. Although some participants reported on having a successful transition to college, there were students who felt they had an

unsuccessful transition to college during their first year. Three themes were found in the researchers' findings and those were underprepared for rigor of college, hard work not equating to passing grades, social culture shock, and lack of sense of belonging (Harper & Newman, 2016). These challenges heighten a student's level of anxiety as their transition was not going as well as they planned it to be.

English, Davis, Wei, and Gross (2017) conducted a homesickness and adjustment study among first year college students. The researchers surveyed 174 students (59% females, 41% males) who moved away from home and completed at least four weekly reports during their first term in their freshmen year, and most of the participants were Asian-American (64%) (English et al., 2017). The procedure from the researchers was unique in that they were emailing students once a week throughout the participants' first term during their freshmen year. During the first ten weeks of the first term, each participant was sent an email questionnaire about homesickness, adjustment, and emotional experience. An adjustment questionnaire was then emailed to each participant at the end of the first term (English et al., 2017).

In the researchers' findings, they reported 94% of participants reported on being homesick, while 6% reported that they were not (English et al., 2017). Along with being homesick, participants also were not yet settled into their new college life, unsatisfied with their social life and academic path. Additionally, those who experienced higher levels of homesickness were also very unhappy with their adjustment to college and social life. However, homesickness for these participants started to dwindle down as the year progressed but the effective size was small. The researchers explained in their results

that homesickness may more than likely occur for first year students but will eventually go away as the year progresses (English et al., 2017).

Wyatt, Oswalt, and Ochoa (2017) examined the differences in mental health diagnoses and related transition to college life and how it affected an undergraduate's academic performance. To be more specific, the researchers asked participants about their mental health within the last 12 months prior to the survey. The researchers were very motivated on to obtain as much data as possible as they collected data from 66,159 first year college students from 129 institutions across the United States. More than half of the participants were female students (66.7%) and Caucasian (72.4%). Most of the participants were first year students out from school and those who were into their later years in college, about one-fifth had transferred to a different institution (Wyatt et al., 2017).

In their findings, the researchers stated that 90% of participants were not diagnosed/treated for anxiety or depression within the last 12 months prior to them filling out the researchers' survey (Wyatt et al., 2017). Male students are less likely to be diagnosed/treated for both anxiety and depression than female students. First year college students are less likely to be diagnosed with anxiety and depression than upper-level students. Although first year students were less likely to be diagnosed with either mental health challenge, it does not necessarily mean that they did not experience anxiety or depression. It means that they may have experienced said challenges but decided not to seek treatment nor a diagnosis for it (Wyatt et al., 2017). The same can be said for male students.

Although the researchers (Wyatt et al., 2017) stated that most participants never intentionally tried to injure themselves, there were some students who attempted to injure themselves and have contemplated suicide within the 12 months prior to the survey. The participants who reported that they either contemplated or attempted suicide were non-White, first year students. Those who said that they had experienced anxiety and depression stated that it negatively impacted their academic performance (Wyatt et al., 2017). The researchers suggested that schools should try to implement additional programs to students transitioning to a new environment. By doing so, it could potentially decrease the risk of developing a student's anxiety and depression (Wyatt et al., 2017).

From an international point of view, Morton, Mergler, and Boman (2014) have conducted study between the role of optimism and self-efficacy among first year college students at an Australian university. Their sample was comprised of 84 students, 60 females and 24 males. Each student completed a questionnaire assessing their stages of optimism, self-efficacy, depression, anxiety, perceived level of life stress, and adaptation to their college life. The researchers found that students with high optimism about school tended to experience lower stress levels than those who had lower levels of optimism. Additionally, students with high levels of self-efficacy tended to adapt better on a university setting than those with lower levels of self-efficacy (Morton et al., 2014). Students with either a high level of self-efficacy or optimism do not necessarily see the transition from high school to college as a difficult task, rather than a challenging hoop to go through (Morton et al., 2014).

However, students who self-identified having either high levels of mental stress showed higher levels of life stress and challenges on adapting to the college life experience (Morton et al., 2014). The researchers indicated first year students should engage more often than normal with other students, so they will not be intimidated with their first year on a college campus. However, this one factor is just a tip of the iceberg for what contributes to a student's anxiety or depression.

Financial Challenges

Financing an education can be a struggle for students who do not come from an affluent family background. National Center for Educational Statistics (2015) conducted a report where 80% of students attending a four-year public are receiving a form of financial aid, whether it is a federal Pell Grant, Federal Direct Student Loans, and other forms of federal, state, and institutional aid. However, despite the high number of students on financial aid, many students have reported the aid they were receiving was not enough to cover their total cost of attendance (Kruisselbrink Flatt, 2013).

U.S. students are facing financial troubles due to the increase of tuition and fees, and students have been accumulating a high student loan debt by the time they are about to complete their bachelor's degree (Archuleta et al., 2013). Students who are enrolled at a higher education institution perceive that taking out a student loan can do more harm than good because of the amounts and time they have to pay back toward their student loans (Kruisselbrink Flatt, 2013). However, there are students who decide to take out a student loan to cover their costs, yet still come up short on paying for additional costs and

worry about their potential financial challenges in the upcoming future if they are unable to obtain a job soon after completing their degree (Kruisselbrink Flatt, 2013).

The stress of economic downturn for college students tends to negatively impact their mental health. Although this is quite common for the general public, to have students worry about this issue at an early age and before completing their degree can do more harm on them than anything else (Guo, Wang, Johnson, & Diaz, 2011). In a study conducted by Guo et al., student participants were more worried about their own potential financial shortcomings than worrying about the national economic outlook. Four-year or later senior students tend to have a higher economical stress compared to first- and third-year undergraduates, due to them graduating soon and stressed about not obtaining a job immediately. However, the second highest level of stress involves incoming freshmen, since they were accustomed to having financial support from their parents and now have to fend for themselves while away from home.

Archuleta, Dale, and Spann (2013) conducted an in-depth study on the impact of financial concerns on the overall mental health of the undergraduate population. The researchers conducted an exploratory study and sampled 180 college students from a university located in a Midwest state. Most students who replied to this research were female (63%), single (83%), Caucasian (74%), and the average age was 23 years old (Archuleta et al., 2013). The researchers formulated several hypotheses that associated with financial anxiety, that included financial satisfaction, total debt, student loan debt, other debt not associated with college costs, and financial knowledge (Archuleta et al.,

2013). In addition to the researchers' hypothesis states that female, non-whites, and married students will have higher levels of financial anxiety.

Based on their findings, the researchers confirmed three of their hypotheses after analyzing their data. The three confirmed hypotheses that were associated with anxiety were financial satisfaction, students, and gender (Archuleta et al., 2013). Financial satisfaction is a most common anxiety in the general population. If someone is making more money and has less debt, then their anxiety level will be lower than those who are not making enough and have a higher debt. This finding is supported by similar study by Flynn and MacLeod (2015) where they sampled 192 students, and each completed a survey about which of the six life domains, such as academic success, financial accessibility, family support, self-esteem, social relations, and living arrangement, were important for them to maintain or increase their happiness. Out of the six, financial accessibility was a strong good predictor of being happy, while self-image and academic success were the other indicators. Thus, if a student can obtain a well-paying job or expenses are not as high, then their anxiety level may not be higher than a student who may have a significant financial satisfaction challenges (Flynn & MacLeod, 2015).

Adams, Meyers, and Beidas (2016) conducted a study on the relationship between financial stress and two outcomes: psychological symptomology (mental health) and academic and social integration (social and adaption to the college campus). The researchers collected data from 157 undergraduates, 112 female students and 45 male students and most of the participants were first-generation and/or low-income students.

The researchers used the perceived stress scale in their method procedure (Adams et al., 2016).

The researchers had two hypotheses: (a) perceived stress was expected to mediate the relationship between financial strain and psychological symptoms and (b) perceived stress was expected to mediate relationship between financial strain and academic and social integration. Both hypotheses were supported after the researchers reviewed their cross-sectional data (Adams et al., 2016). The researchers stated higher the financial stress a student experienced, the more likely it is for a student to struggle with their mental health and academic and social lives. The lower the financial stress, the less likely they will struggle in the said challenges.

Academic Pressure

As previously stated, young adults who enroll into a two- or four-year private or public institution may enter with certain expectations for themselves. One of the expectations is to successfully complete their units attempted with an exceptional grade point average (GPA) so they may go into a career or graduate program of their choice. Students who tend to be depressed are often expected to learn less, not to learn as well, and to learn more slowly than those who are not suffering from depression (Douce & Keeling, 2014). Today's generation of college students, generation Z, have reported on having unusually high expectations than previous generations (Howe & Strauss, 2000). However, millennial students tend worry about their academic performance more than the previous generation of students who were concerned about the AIDS pandemic and violent crimes that were committed two decades ago (Kruisselbrink Flatt, 2013). As

reported by Guo et al. (2011), with the economic downturn students have been worried about their future financial outcome, thus they feel the need to do better than most when it comes to their academic career.

Beiter et al. (2015) implemented a study to address the rise of anxiety and depression among undergraduate students at a private, Catholic university in Ohio. Beiter et al. (2015) surveyed 374 undergraduate students between the ages of 18 and 24. In their findings, the researchers found three themes that contributed to these participants' anxiety and depression. The themes were academic pressure, pressure to succeed, and post-graduation plans. Anxiety and depression were more apparent to participants who were living off campus; transferred from another institution; and, upperclassmen (Beiter, et al., 2015)

Millennials entering a four-year private or public higher education institution have already achieved high standards while in high school. Top institutions in the country have certain requirements for a prospective student to have in order for their admissions application to be considered for acceptance. For instance, Stanford University reported a selection process report that provides statistical results of freshmen applicants and enrollment (Stanford University, 2015). Each year they have over 40 thousand applicants and only 5% of students are admitted. Most admits had a GPA of at least a 3.7 and a SAT score of over 1600 (Stanford University, 2015). Despite the students' overachieving and "go-getting" persona, there is a strong indication that these same students tend not to do well in their first year enrolled at an institution (Kruisselbrink Flatt, 2013).

Kruisselbrink Flatt (2013) reported that some first year students tend to get lower grades compared to what they had received in high school; thus, their level of anxiety or depression tends to increase if they are unable to achieve the same success they had prior to enrolling in a higher education institution. Kurland and Siegel (2013) conducted a study on academic success and attachment among transitioning first year students. They revealed that students who suffer from anxiety or depression tend to do poorly academically and are more likely to cheat on their academic studies than those who do not suffer from either mental health condition.

Brandy, Kessler, and Grabarek (2018) conducted a research study on the rise students seeking counseling services at a private, co-ed, Catholic institution, called Franciscan University of Steubenville. The institution's counseling center reported a large spike of student inquiries on seeking their counseling services. The counseling center stated that students are typically seeking help three to four weeks into the semester (Brandy et al., 2018). The most common mental health challenges reported to the counseling center were anxiety and depression. The researchers wanted to explore on what factors contributed to each mental health challenge.

Out of the 407 surveys that were distributed to eligible participants, only 347 were deemed as valid. The most common responders were female students (63%) while only 37% of males responded. The most common themes that were found that affected a student's mental health challenges were academic performance, pressure to succeed, and post-graduation plans (Brandy et al., 2018).

From a graduate level standpoint, Wyatt and Oswalt (2013) conducted a study that compared undergraduate and graduate students' mental health while enrolled for school. Over 27,000 undergraduate and graduate students participated in their study and all their participants came from over 55 higher education institutions. Participants were asked about their feelings and behaviors related to their mental health. Most students said that they had endured a high level of anxiety or depression during the past 12 months due to being unable to academically perform the way that they wanted to (Wyatt & Oswalt, 2013).

Overall, the researchers reported that undergraduate students are more than likely to endure poor mental health over their lack of academic achievements than graduate students (Wyatt & Oswalt, 2013). This goes back to the notion that students with an overachieving mentality need to succeed in order to fulfill the perception that their parents and peers bestowed upon them on being a successful person.

Watkins, Hunt, and Eisenberg (2012) conducted a qualitative study on the rise of students seeking help for their mental health. One counselor reported that most students who seek mental health services tend to be enrolled a double major with a minor and were never taught how to cope with failure. The high pressure can be dated back to when students entered either preschool or kindergarten due to the advice by their parents. College counselors have also reported that parents of these students have put on pressure for high grades. In fact, this has led to increased stress, anxiety, and depression due to the "helicopter" parenting style from these students' parents (Watkins et al., 2012).

In addition to students' own pressure to succeed, parents have also been connected to a student's mental health challenges. Helicopter parenting is a term that is used when parents are overly involved in their child's day to day life, to the point that it becomes inappropriate (Kwon, Yoo, & De Gagne, 2017). Kwon et al. conducted a qualitative study about this issue as they wanted to examine college students' culturally-mediated perception, prevalence, and experiences of helicopter parents and its potential impact of their development (Kwon et al., 2017). The researchers chose Korean-American students as they stated that although Asian-American population tend to have more success in life (working in highly paid professions and academically successful), Korean-American students reported a higher tension and conflict and academic pressure from their parents.

Forty Korean-American college students from two public and one private university located in the southeast of the United States participated in the study. The age range for this study was from 17 to 26 years old. Out of the 40 participants, 23 were female and the rest were male students. Each participant took an online survey that asked them 15 open-ended questions about their experiences with their parents' parenting styles and their view on how helicopter parenting affected their mental health and academic performance (Kwon et al., 2017).

The results determined that the most of participants have heard of the term of helicopter parenting, but did not see it from their own parents, while the rest determined that they have seen this practice from their own parents or friends' parents (Kwon et al., 2017). However, the researchers found three categories when the participants determined

their own definition of helicopter parenting: overinvolvement or overprotection, strict control without granting autonomy, and benevolent intention (Kwon et al., 2017). All of the participants agreed that helicopter parenting can have a negative psychological effect on a person. Three out of the forty participants have reported that they do not get along with their parents because of their parenting style, while four participants stated that it negatively impacted their mental health (Kwon et al., 2017).

Choice of Lifestyle and Addiction

Another reported factor that can lead to a student's anxiety or depression is their choice of lifestyle (Kruisselbrink Flatt, 2013). Entering freshmen had a routine that included waking up and preparing to go to their secondary school, either work a part-time job after school or attend an extracurricular activity, do homework, and go to sleep at a reasonable time, and their routine was often supervised by a parent. However, when they enter college, they do not have that parental guidance. Parents expect their children to develop independence away from home right away and be able to make rational decisions, so their future can be as bright as they expect it to be. However, there are certain lifestyles that a student chooses that can negatively impact their mental health (Anxiety and Depression Association of America, 2016).

Students entering college tend to have a perception that college is supposed to be an experience that includes meeting new people, engaging with others in an open dialogue, and having a good time. Often having a good time involves hanging out with friends and attending a party that provides alcohol. Per Anxiety and Depression Association of America (2016), students consuming alcohol has been on the rise, and

many of these students who drink have been battling with anxiety or depression. One reason that students with anxiety or depression tend to consume more alcohol than the average college student is because they perceive it will loosen them up. In contrary, studies have reported that alcohol consumption can increase anxiety or depression among students (Anxiety and Depression Association of America, 2016).

Tembo, Burns, and Kalembo (2017) conducted a study on the association of alcohol consumption and mental health challenges. The researchers stated that alcohol-related hard and mental health challenges are among the leading public health issues in Australia, especially among young adults between the ages of 18-24 years old (Tembo et al., 2017). A cross-sectional design was chosen for this study and participants were recruited from Curtin University Bentley. Surveys were distributed and collected from 2,518 undergraduates. Half of the participants were aged 18-20 years old, while the other half were 21-25 years old. More than half of the participants were female students (62%), while 37.5% males students participated in this study (Tembo et al., 2017).

In the researchers' findings, they reported that 38% of the participants consumed alcohol at hazardous levels, and males were more than likely to consume alcohol at this rate than females. Additionally, those who had consumed alcohol at a hazardous level were more than likely to experience moderate to high levels of psychological distress and academic problems. The study also found that age and levels of drinking were very significant. Participants who were aged between 18-20 years old were drinking more hazardously (41%) than those between the ages of 21-25 years old (Tembo et al., 2017).

Another lifestyle challenges a student's mental health is not being in an intimate relationship with someone. Per a research study by Whitton, Weitbrecht, Kuryluk, Bruner (2013), students in committed relationships are less likely to experience anxiety or depression than those not in committed relationship. However, a slippery slope exists when it comes to being in a committed relationship. When someone is in a committed relationship, they have to put in as much as they want out of it and can have an impact on their mental health if their relationship is not going as they want it to be (Whitton et al., 2013).

Homosexual and transgender students were among those who reported having higher levels of anxiety and/or depression while enrolled at a college or university (Woodford, Kulick, & Atteberry, 2014). According to the National Institute of Mental Health (2015), a high number of gay, lesbian, bisexual, transgender, and queer (LGBTQ) students reported their mental health condition despite the double stigma that they endure, reporting their mental health and being a non-heterosexual person. Additionally, LGBTQ students are three times more than likely to endure depression or anxiety due to them fearing of coming out and not being accepted by their loved ones and classmates (National Institute of Mental Health, 2015).

In addition to the choice of lifestyle, technology reliance was reported as being a factor related to anxiety and depression. Current students are relying more and more on technology to do their research for school, keeping in contact with their friends, and other types of entertainment. However, it seems that this new generation of students is becoming so addicted to their smart phones, computers, or video game consoles that it

has affected their mental health state. Cam and Isbulan (2012), conducted a study on internet addiction among undergraduate students. They found that most male participants are more than likely to be addicted to social networks like Facebook, than women, and that senior students are more than likely to be addicted than the other class ranks (Cam & Isbulan, 2012). On campus counselors have reported that some of their mental health inquiries from students said that technology is a concern. Counselors have stated that dependence on social media and technology is influencing students' inability to handle social pressures (Kruisselbrink Flatt, 2013).

Video game addiction has also been reported as a factor leading to anxiety or depression. In a study conducted by Oggins and Sammis (2012), the researchers stated that there is an underlying disorder when it comes to video game addiction. Students who are addicted to video games, whether it is on a normal console or online, have symptoms of anxiety, depression, or another mental health disorder. Students' anxiety or depression tend to increase if they are unable to play their video games (Oggins & Sammis, 2012).

Gender and Ethnicity

One factor that may explain why there is a sudden increase of student anxiety and depression is due to the increase of females on campus. As you may have noticed in the previous challenges, most of the research had a lot of female participation. The National Center for Education Statistics (2015) stated that female enrollment has nearly doubled since 1990. The more female students are admitted into colleges and universities in the country and all over the world, the more counseling services are in demand (Kruisselbrink Flatt, 2013), as female students have higher levels of anxiety and

depression than male students (Kruisselbrink Flatt, 2013). Women are probable to seek help for their mental health condition, less likely to be embarrassed about asking for help since social norms suggest that it is more acceptable for women to seek help than men (Davies, Issacco, & Shen-Miller, 2010).

When female students speak with a counselor about their anxiety or depression, they tend to focus on the physicality of their mental health challenge (Bitskia & Sharpley, 2010). For example, female students explain that their anxiety is causing physical pain, fatigue, agitation, and digestion problems. Chang (2010) examined two groups of ethnic groups, Asian- and Latino-American female students. The researcher reported on her study that women from the said ethnic groups are not only more than likely to show signs of anxiety and depression, but the prevalence rates are also higher for these two ethnic groups compared to Caucasian-Americans (Chang, 2010).

A student's ethnicity and culture may play a role in their anxiety or depression. Per Turner and Smith (2015), Caucasian students tend to report a higher level of stress than minority students. In their study, the researchers found long-term stressors have and may continue to have an impact on their mental health condition. The top long-term stressors were a family member's change of health, new significant others, death of a loved one, change in financial status, and challenges with a parent (Turner & Smith, 2015). African-American students were exposed to what the researchers describe as three levels of racism. The three levels are institutional, personal, and internal. Regardless of the ethnicity of students, it seems that seeking assistance carries weight on a student as

some have a stigma about not only having a mental health challenge, but also admitting and seeking assistance for it.

Counseling Services

Prince (2015) examined the university student counseling trends and challenges in the U.S. Counseling services were first established in higher education institutions following World War II. The services were meant for returning veterans who decided to go to college after the war. Counseling services later expanded to the general student population (Prince, 2015). Students who seek assistance typically do not seek help from professional mental health experts due to the stigma associated with it. They would rather seek assistance from nurses and physicians and medication (Prince, 2015). However, when the latter options do not work for the students, then they will cross the barrier that was placed between them and seek help from a mental health professional.

Campus counseling centers are not alike. Brunner, Wallace, Reymann, Sellers, and McCabe (2014) explained that today's counseling centers are uniquely created based on the institution's size, mission, location, public or private status and student demographic. Counseling centers are extending their services by conducting more outreach events and publicizing their services. In addition, they try to establish a collaborative relationship with other departments on campus, such as the career services and residence life. Brunner et al. surveyed 400 counseling center directors about the services, functions, and organizational relationships found in today's counseling centers. The researchers' findings revealed that a diversity of services and functions are vital to meeting student needs and developing a caring campus environment (Brunner et al.,

2014). Face-to-face counseling is the most popular choice among those who seek help. In addition, counseling center directors indicated that they have collaborated with partner offices about their centers and promoting it to students. Despite the outreach and benefits of the counseling centers, underutilization of the services has been reported by various researchers.

Underutilization of Professional Mental Health Resources

While the anxiety and depression challenges are rising among undergraduate students in colleges and universities, there are students who suffer from either mental health condition but are not seeking help (Quinn, Wilson, MacIntyre, & Tinklin, 2009). The reasons include students being unaware or uncertain of the services available, knowing about the services but deciding that it was not for them, and the social and cultural stigma impact on seeking help for assistance. Social psychologists state that stigma is linked toward attitudes and stereotypes that are learned from cognitive beliefs, feelings, and associated behavior (Quinn et al., 2009). Students are afraid to disclose their mental health challenges because they fear that it will be assumed from others that they are weak and will affect their future careers.

To examine the mental health stigma and help-seeking among undergraduates, Bullett (2013) examined 363 students from an undergraduate psychology program at a private institution in the Midwest. The ages of participants were between 17 to 24 years old; most of the participants were female (63%) and half of the participants (53%) were in their freshmen year of college (Bullett, 2013). In her findings, the researcher stated that those who were not seeking help had higher levels of stigma than those who were seeking

assistance. Those who had higher levels of stigma were not seeking help due to previous treatments not being satisfying and due to their ethnicity (Bullett, 2013). Bullett pointed out that Caucasian students had significantly less stigma than those who were non-Caucasian, such as Asian-Americans.

Czyz, Horwitz, Eisenberg, Kramer, and King (2013) examined 165 non-treated participants who self-reported their barriers to seeking help for their mental health challenge. Fifty-two percent of students who self-identified as Black stated that they were unable to seek help due to lack of time (being too busy with school work) compared to Caucasian (22%) and Asian (20%) students (Czyz et al., 2013).

Han and Pong (2015) conducted a study exclusively about Asian-American students' help-seeking behavior. The main finding confirmed that there is a stigma among Asian-American students when they think about seeking mental health help, as they are discouraged to show emotion and seek assistance for their mental health challenge and want to keep the public appearance of being strong (Han & Pong, 2015). Their findings were confirmed by Quach and Hall (2013) study on 119 Chinese-American college students. In their results, female Chinese students had some significantly higher levels of positivity on seeking assistance than their male counterparts (Quach & Hall, 2013).

Zolezzi, Bensmail, Zahrah, Klahed, and El-Gaili (2017) examined stigma associated with mental health challenges and students unable to seek help at a university in Qadar. The researchers surveyed 282 students as most of the participants were female students (59%); between the ages of 18-24 (86%); and living with family (97%) (Zolezzi,

Bensmail, Zahrah, Klahed, & El-Gaili, 2017). In their findings, the researchers found that the reason why stigma is apparent is due to students' beliefs about mental health challenges. For example, participants stated that mental health challenges were a punishment from god, is not like any other illnesses, and taking medication for it can lead to addiction (Zolezzi et al., 2017).

As for Latino-American students, Mendoza and Masuda (2015) conducted a study where they had examined 129 Latino undergraduates and investigate if stigma in mental health and self-concealment would forecast these students' help-seeking attitudes. Self-concealment is a psychological term of someone who is actively concealing negative or distressing information about themselves from people (Larson & Chastain, 1990). Like Asian-American students' culture, Latino-American students feel that experiencing anxiety or depression and seeking assistance for it will bring shame and embarrassment to their family (Chang, Natsuaki, & Chen 2013; Rastogi, Massey-Hastings, & Weiling, 2012), thus they must honor the family name by not revealing their mental health challenge to others (Mendoza & Masuda, 2015). In their findings, mental health stigma was negatively associated with the students' help-seeking attitudes, and self-concealment was not uniquely related to these students' help-seeking attitudes but was negatively associated with stigma tolerance and being open with others (Mendoza & Masuda, 2015).

When comparing which of the two ethnic groups are more than likely to not seek treatment for anxiety or depression, DeFreitas, Crone, DeLeon, and Ajayi (2018) conducted a study on stigma on seeking help between Latinos and African-American students at a four-year commuter school. The researchers were able to garner 122

participants, that included 47 African-American and 75 Latino students (DeFeitas et al., 2018). The participants completed surveys that asked about their concerns about their stigma beliefs.

According to the researchers' result, African-American students reported a higher level of perceived and personal stigma about mental health than their Latino counterpart (DeFreitas et al., 2018). It was found that African-American's perception of their ability to identify those with mental health challenges influenced their stigma to worsen on mental health and seeking help (DeFreitas et al., 2018). A way to help ease this issue is to create programs that are targeted to specific ethnic groups, so they will understand about the importance of mental health and seeking support when needed, and not feeling ashamed.

Davies, Issacco and Shen-Miller (2010) conducted a study about minority students and their help seeking tendencies. Minority students are not the only ones who strongly believe that asking for assistance on how to cope with their mental health challenge is a sign of weakness or believe the counseling services will not work, as male students in general seem to be hesitant when it comes to seeking help (Davies et al., 2010). Male students are unlikely to use on campus services and counselors and seek help for their anxiety or depression (Davies et al., 2010). There are many reasons why male students tend to not seek help, including, but not limited to, being out of touch with their emotions and the masculine role within their culture and in society. Men who suffer from anxiety or depression are more than likely to turn for other means of assistance that are not necessarily helpful. For instance, they are more than likely to consume alcohol or

drugs to ease their anxiety or depression and to commit suicide if their mental condition does not improve (Kruisselbrink Flatt, 2013).

In another study conducted by Dayal, Weaver, and Domene (2015), the researchers selected seven participants, six female and one male, from a graduate counseling program at a Canadian institution. Each participant self-identified as having either currently or previously experienced eating-issues behaviors such as overeating, binge eating, food restriction, and excessive exercise (Dayal et al., 2015). These 7 participants were selected using email invitations. Each participant was interviewed by phone or Skype that lasted to 60 to 90 minutes. Each participant was asked a series of open-ended questions and follow-up inquiries. The questions consisted of their view of shame on seeking help, experiences as trainees with an eating disorder, and how they could overcome the barriers that were placed to seek help (Dayal et al., 2015).

Participants did not disclose their condition to others for many reasons that included barriers to seeking help included shame, disconnection from others, striving for perfection, and disconnection from self (Dayal et al., 2015). Participants were unable to seek help due to the amount of shame it may bring to them, as it may be a sign of weakness for being unable to resolve the issue without any help (Dayal et al., 2015). Prior to seeking assistance, the participants worried that their counselor would tell them that nothing is wrong them, their eating disorder is not serious, it was their own fault, and they would be treated differently than others if they were to reveal their condition. Additionally, the participants did not want to disclose their condition to loved ones and others because they wanted to be perfect. However, each participant found motivation to

seek help as they could connect with others who were experiencing the same challenges, being in control of themselves, overcoming the idea that nothing and no one is perfect (Dayal et al., 2015).

Implications

The purpose of this project study was to increase understanding of factors that lead undergraduate students to experience anxiety or depression, as well as factors that lead to their decision to seek or not seek assistance on campus. The findings of this project study will provide insight into undergraduate students' experiences with anxiety and depression and the factors that contribute to their decisions whether to seek help. Additionally, this will give a chance for health center providers to explain in-depth about the patterns of those who seek assistance for anxiety or depression, change the mindset of students' perception of seeking for assistance for their mental health challenges without any hesitation, and provide data for possible project directions based on anticipated findings.

Findings from this project study will provide insight into students who have experienced anxiety and depression during their first year of enrollment at Western University and through the Bay Area College Support. One possible project to address the problem would be to further establish the institution's mental health advocacy and encourage students who experience similar situations by visiting the mental health center on campus. Additionally, campus administrators should encourage faculty and staff to review a white paper with information about the state of mental health on campus and how they can communicate with students who are experiencing anxiety or depression.

The white paper project will provide insight to the state of mental health among students on the research site, as well as making recommendations on how faculty and staff can implement ways on how to support students who experience depression and anxiety, such as knowing resources on campus and connecting a student to the right department. This will also be beneficial for new staff and faculty who do not have the desired skill set on how to handle cases where a student is showing signs of mental health challenges.

Summary

Section 1 offered a detailed explanation of the problem of help-seeking behaviors from participants who experienced anxiety and depression during their first year of schooling at a four-year public institution in the west coast. The section covered the conceptual framework and eight topics that included the definition of the problem; rationale with evidence from the local level and from professional literature; definitions; significance of the problem; purpose of the study; guiding research questions; review of the literature, and implications of the project study. In the next section, I will describe the methodology for this project study, including the rationale for selecting the research design and approach, the participants and setting, and the process of data collection and analysis, and findings from the data.

Section 2: The Methodology

Introduction

When a research study is initiated, researchers are investigating a certain topic that has been evolving and often leads to them seeking answers to their question(s), creating a procedure to answer the question, collect evidence and data, and produce findings that address the research question(s). As explained in Section 1 of this project study, a qualitative method was used for this study. Whenever researchers use a qualitative method for their study, one of their main objectives is to obtain a deeper understanding of their topic and more importantly to present the “human” side of the study. This is an appropriate method to use when attempting to show the “human” side of anxiety and depression of undergraduate students

Qualitative Research Design and Approach

To get a better understanding of why a qualitative method best fits this study, I will provide an overview of both research methods, qualitative and quantitative. An important difference between a quantitative and qualitative method is the flexibility of the design, meaning that quantitative methods are often inflexible compared to qualitative methods (Mack, Woodsong, MacQueen, Guest, & Namey, 2005). Before researchers choose a method they believe will be best for their study, purists advocate that researchers should look at how the world is viewed and what is important to know differently from each method (Smith, 2016), which means that they should consider weighing both options before deciding.

Whenever a quantitative is used in a research study, the research seeks confirm to confirm his or her hypotheses and often involve statistical analysis, scales of measurement, standard scores, and correlational research (Green, 2016). The most common quantitative designs are correlational research to determine whether two variables are correlated, causal-comparative research, which is to try to establish cause-effect relationships between variables, and experimental research, often called true experimentation, which uses the scientific method to establish the cause-effect connection between a group of variables that make up a study (Mack et al., 2005).

Quantitative methods are often considered to be accurate and reliable (Guba & Lincoln, 1989). When it comes to collecting data for this method, a random sampling is typical. This allows the researchers to describe their findings of the study in a generalizing way to a certain population and often produce results that are easy to summarize and compare.

A qualitative method gives the researcher flexibility when conducting research and participants can be interviewed and surveyed through the comfort of their own environment (Yin, 2012). Whenever a researcher conducts a qualitative research study, the study is providing a personable story through the eyes of the participants. The researcher is interacting with the participants and attempting to share their stories for others to read. The most common qualitative designs are ethnographies, grounded theory, phenomenology, and a case study (Smith, 2016).

Narrative Inquiry

Narrative research, also known as narrative inquiry, is a qualitative method in which a researcher is not interested in describing and interpreting group behavior or ideas. Instead, they want to tell stories of one or multiple individuals (Creswell, 2009). Using the narrative inquiry design in education allows the researcher to describe the lives of students, collect and tell stories from students, and write narratives about their experiences (Creswell, 2009) inside the classroom and on campus. McEwan and Egan (2015) stated that participants in a study are willing to share their story as they feel that their stories are important to share to the rest of the world.

Narrative inquiry is the study of ways humans experience the world and characterizing the phenomena of human experience (Connelly & Clandinin, 1990). Human beings are natural storytellers and their stories are shared to understand their worlds (Noland & Carmack, 2015). Narrative inquiry is there to help explain how we understand and make sense of a someone else's world. Additionally, it serves as a way for people, more importantly students for this project study, to communicate feelings, values, and beliefs on certain topics.

Narrative inquiry may be conducted in a form of an oral or written presentation (Chase, 2005). When conducting a narrative inquiry, it is very important that both the researcher and participant engage with each other. Not only should the researcher listen and give time for the participant to tell his or her story, but there should be a process of collaborating involving mutual storytelling (Connelly & Clandinin, 1990). The researcher is gathering and telling the participants' past rather than about the past

(Bochner, 2007). Also, narrative should not be written by a professional about a person, as it should be a genuine co-production that offers equal respect (Bochner, 2007). Thus, the reason why this method was chosen was to investigate the experiences of each participant and share their stories to the world.

Noland and Carmack (2015) specifically chose narrative inquiry for their study on nursing students' experience with medical errors during clinical rotations. The researchers chose this method due to the lack of communication among professionals in the medical field. By conducting a narrative inquiry, the researchers wanted to explore the human error that has been one of the roots of medical errors (Noland & Carmack, 2015). The researchers identified three narratives that students learned and used: "save the day," "silence," and "not always right." The researchers stated that in the "save the day" narrative, students were able to learn from their and others' mistakes; the "silence" narrative told by students included the harm they had gone through by being silent about their error; the "not always right" narrative had students explain situations where their instructors, supervisors, or others had to be corrected for their mistakes (Noland & Carmack, 2015).

There are multiple forms of narrative inquiry. The examples of types of narrative research forms are autobiographies, personal documents, memoirs, oral histories, personal narratives, and narrative interviews (Creswell, 2009). The type that was chosen for this will be narrative interviews. Narrative interview takes place in a setting that will encourage and stimulate the participant to tell a story about some significant event in

their life, in this case their mental health challenge, and social context (Jovchelovitch & Bauer, 2000).

An example of a narrative interview that is related to help-seeking behaviors comes from Dayal et al. (2015). In their study, the researchers used a narrative analysis to investigate the eating disorders from counselor trainees and their help-seeking behaviors. The researchers chose this method because they felt that experiences are not fully explained in the social and culture context and narrative inquiry creates the chance for each participant to reflect and explain their life events in a meaningful manner (Dayal et al., 2015).

Other qualitative approaches were considered but were not selected for this study for various reasons. For instance, choosing a method like ethnography would not work for this study, as that method allows the researcher to observe participants by immersing into the culture (Creswell, 2009). That is not the objective of this study. Also, grounded theory is designed to study people's experience with a process and then create a theory of how that process works (Creswell, 2009). While this project study deals with people's experience, the objective was not to create a theory based on people's experience. Case study research is the study of a case within a setting, in which the case is bounded within specific parameters, such as time and place. It is not designed to give the participant the opportunity to provide longer extended narratives, such as their storied experiences. The narrative inquiry design provides the researcher with rich narratives about a person's experience that include chronological and contextual details (Creswell, 2009).

Participants

Participants and Purposeful Sampling

For this project study, I used purposeful sampling. Purposeful sampling is widely used in qualitative research, as it is a way for identification and selection of participants (Palinkas, et al., 2013). Self identified students were sampled for this narrative inquiry. Participants consisted of students who experienced depression and anxiety during their first year in higher education. As previously stated, first year students often experience a significant change in their lives when they should become independent compared to students who have been in college longer.

In the summer of 2017, I placed a newspaper ad with Western University's affiliated newspaper (Appendix C). The ad included my contact information, condition and purpose of the study, eligibility requirements for the study, compensation, and disclosure. After not receiving feedback from potential participants after several weeks, in fall 2017 I sought and received approval from Walden's IRB to post flyers in public areas across the school's campus with the same information that was in the newspaper ad but increased the compensation from \$10 to \$25 Amazon gift card. The director of the BACS program sent out an e-mail on my behalf to his students to help identify students who were interested in participating in my study. The e-mail included the same information that was listed on the updated flyer and ad; students were instructed to e-mail me if they were interested in participating. Also, I received approval on January 2018, to interview students via phone, as some preferred it because they were not in the local area.

Once the participants self-identified, they received an e-mail from me confirming the receipt of their intent to participate. The e-mail also thanked the participants for their interest in participating in the project study and explained how sharing their experiences will help others understand the phenomenon of anxiety and depression among first year undergraduates. Additionally, I informed them that by participating in the research, they will provide an extensive in-depth look at their experience while living with anxiety and depression in a higher education setting. The communication was sent through my Walden e-mail portal.

Additionally, I provided the steps on how the project study would be conducted and explained that participation would include a demographic survey, interviews, and member checking the transcripts and summary of the data. I also provided an approximate time on how long the interviews would take. In the conclusion of the email, I provided a summary of what was stated in the email and addressed potential confidentiality concerns. I asked them to sign the consent at the time of the interview. I also mentioned that they would not be graded for their participation, thus not creating a bias when answering their questions.

Qualitative studies typically involve a small sample size (Creswell, 2009). Sample size may be influenced by the time allotted for the study and resources needed (Patton, 1990). Having a small sample helped me focus more on each participant's experience. The small sample also gave each participant the appropriate time to tell their side of the story on their experience with a mental health challenge.

Ethical Considerations

An important step must be followed by all researchers when interacting with participants and that is ethical considerations on protecting the participants, including identifying and minimizing any potential risks that may result from sharing information. Ethical consideration or behavior is having a set of moral principles, rules, and/or standards set by a person or profession (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014). Researchers who conduct a qualitative research study have a tremendous amount of responsibility due to the nature of the sensitivity of the study. For example, since this project study may have participants who experienced a mental health challenge and chose not to seek professional assistance, they will reveal sensitive information that they only share to ones that they are close to, and it may trigger an emotion. Reflections on situations like this can lead to emotional and other risks for both participants and me (Sanjari et al., 2014). Thus, I explained to the participant that if they ever felt any kind of distress that they have the right to withdraw from the participant pool. I also minimized risk by keeping all audio recordings in a password protected software, and meeting students in a leisure area of their choice.

One major goal I wanted to accomplish during the data collection and review was to protect the privacy of each participant. Creswell (2009) stated that it is the responsibility of the researcher to protect the privacy and confidentiality of participants. Confidentiality is a promise by a researcher to the participant, where the participant is confident that any personal information given to the researcher cannot be traced back to the said participant (Jamison, 2007). By establishing a confidentiality process between

myself and the participants, it can make the participant feel comfortable and respected. This was completed by removing identifiers, such as participants' names, from the data collection forms and transcripts. Additionally, as a part of the project study, participants were given a notice of consent and asked to sign to confirm their voluntary participation in the study. Prior to planning the study, I completed a National Institutes of Health training course in the ethical protection of human research participants.

The researcher-participant working relationship was established when each eligible participant volunteered for the project study. In order to maintain the working relationship, Meara and Schmidt (1991) provided four principles on maintaining a positive relationship between a researcher and participant. These principles are providing and respecting a participant's autonomy, not doing any harm to the participant, striving to work for the benefit of the participants, and not using the study to gain a benefit or reward at the expense of the participants (Meara & Schmidt, 1991). Throughout the process, each participant was more than willing to assist me with the project by reviewing their own interview transcripts and providing feedback for accuracy. Also, I strongly believed the relationship was built after communicating with the participants and strong enough where participants were able to trust me to share their stories without feeling any type of negative emotion.

Data Collection

Prior to the data collection, I obtained approval from Walden (approval # 06-26-17-0451400) and Western University's IRB to collect data from eligible participants. Additionally, I received approval from the department manager from BACS to collect

data from the program's participants. The IRB is responsible for ensuring that all research conducted is complying with the institution's ethical standards as well as the U.S federal regulations. IRB approval was needed before collection of any data (Walden University, 2015). Before applying, I reviewed both institutions' IRB protocols and related forms online on their respective websites. After approval was given from both IRBs, I began the data collection process. For this project study, I collected data from 11 participants through a variety of ways, which included demographic information, face-to-face, and phone interviews.

Demographic Information

Prior to the start of each interview, demographic information was collected to describe characteristics of the sample (Appendix D). The participants provided information about their background such as ethnicity, gender, age, major, and living situation. Obtaining demographic information for each participant helped create a context for understanding the participant's narrative and allowed me to describe characteristics of the sample.

A total of 11 participants were selected for this project study, 9 participants from Western University and two participants from BACS. The two participants from BACS each attended different institutions, which will be explained later in the findings. Participants included 10 females and one male with ages ranging from 19 to 25 years old. Participants had different ethnicities that ranged from Caucasian, Vietnamese, African-American, Latina, Korean, and Filipino. In the following table, I have used pseudonyms to display the information of each participant (Table 1). One of the participants was a

graduate student and I wanted to share the challenges and success as an undergraduate who experienced anxiety and depression.

Table 1

Participant Demographics

<i>Pseudonym</i>	<i>Age</i>	<i>Gender</i>	<i>Ethnicity</i>	<i>Major</i>	<i>Living Situation</i>
<i>Emma</i>	<i>19</i>	<i>Female</i>	<i>African-American</i>	<i>Political Science</i>	<i>Living with parent(s)</i>
<i>Olivia*</i>	<i>21</i>	<i>Female</i>	<i>Vietnamese</i>	<i>Health Communication</i>	<i>Living by herself</i>
<i>Ava*</i>	<i>20</i>	<i>Female</i>	<i>African-American</i>	<i>Psychology</i>	<i>Living with parent(s)</i>
<i>Sophia</i>	<i>21</i>	<i>Female</i>	<i>Chinese</i>	<i>Business</i>	<i>Living with roommates</i>
<i>Evelyn</i>	<i>23</i>	<i>Female</i>	<i>Latina (Indigenous Mexican)</i>	<i>American Studies</i>	<i>Living with roommates</i>
<i>Charlotte</i>	<i>20</i>	<i>Female</i>	<i>Mixed with Vietnamese and Chinese</i>	<i>Intended Molecular and Cell Biology</i>	<i>Living by herself</i>
<i>Daniel</i>	<i>20</i>	<i>Male</i>	<i>Caucasian</i>	<i>Geography</i>	<i>Living with roommates</i>
<i>Emily</i>	<i>20</i>	<i>Female</i>	<i>Mixed with Filipino and Korean</i>	<i>Sociology</i>	<i>Living with family</i>
<i>Mia</i>	<i>25</i>	<i>Female</i>	<i>Korean</i>	<i>Graduate</i>	<i>Living by herself</i>
<i>Amelia</i>	<i>20</i>	<i>Female</i>	<i>Chinese</i>	<i>Conservation & Resource Studies</i>	<i>Living with roommates</i>
<i>Jocelyn</i>	<i>19</i>	<i>Female</i>	<i>Japanese</i>	<i>Society and Environment</i>	<i>Living with roommates</i>

*Participants were from the BACS program.

Interviews

Data to address the research questions were collected through interviews, which is the most common approach to data collection among qualitative researchers (Creswell,

2009). Soon after the participants signed the consent form, we began our one-on-one interview either through phone or in-person. The semi-structured interview sessions lasted between 20 to 45 minutes. An interview protocol was used for each interview. Creswell (2009) stated that an interview protocol is a form created by the researcher that contains important instructions for flow of the interview, questions to be asked, and provides a good amount of space to write down the participant's response. The interview protocol was used to write down notes about certain instances, such as the tone of the participant's voice and body language while answering a question and used it to do a timestamp for each question and answer. Jacob and Furgerson (2012) strongly recommended that first-time researchers have an interview protocol to assist them in collecting data from their interviewees. The interview protocol was more than just a list of interview questions; as it was also used as script for me on what I needed to say or ask before, during, and after the interview. This was also a good way for me to keep track of notes during the interview. This also made me aware that I needed to collect the demographic and consent form before concluding the interview (Jacob & Furgerson, 2012).

Open-ended, pre-determined questions created by me were asked during the interviews with participants (Appendix E). By using the theory of planned behavior as a conceptual framework, it allowed me to conduct semi-structured interviews that integrate concepts of this theory into the interview questions. The semi-structured interview allows the researcher to have a list of questions or series of topics to cover with the participant and are flexible because the researcher can probe for answers and can create a dialogue

with the participant. The researcher is interested in the context and content of the interview and how the participant answers each question (Edwards & Holland, 2013). Thus, a semi-structured interview seemed more appropriate for this project study than conducting a structured interview. I selected these questions after reviewing the frequently asked questions section from the Anxiety and Depression Association of America (ADAA) website about anxiety and depression and based on my experience on working with students who had to endure anxiety or depression.

In the interview sessions for this study, I informed the participants about recording the interview by using an audio recorder to document their answers and no one else would listen to the recording. The interview would only be between me and the participant and no one else would be present during the interview. I assured each participant that the information that would be shared among myself and the participant would be confidential and should not make the participant feel stressed or uncomfortable (Edwards & Holland, 2013).

Field Notes

I recorded field notes while interviewing the participants. The field notes offer emotion and visual cues that may be insightful for analysis of interview data. Additionally, this added context how the participant answered each question and reminded me of questions I needed to go back to and ask the participants for further clarification on their answers when it was time to do member checking with the participant at a later time (Mack et al., 2005). Field notes were kept in a binder, along with the times, dates, and location of each interview. The notes were kept secured in a

locked safe to protect the information and will be immediately shredded once the notes are transferred into the project study.

Keeping Track of Data

A reflective journal was used to keep track of data and emerging understandings. The journal had notes taken from the interview and any observation notes, as well. After each interview was complete, I transferred all my notes into a Microsoft Word document and protected it with a password. Each participant had their own document, so the notes would not be mistaken for another participant. By keeping a reflective journal, it helped me clarify ideas, acknowledge the thoughts and emotions of the participant, and fill the gap when putting the pieces together (Lamb, 2013).

Researcher Responsibility and Relationship With Participants

This was my first attempt to conduct a study of this magnitude, but I have conducted similar interviews with colleagues and classmates in the past. Kvale (1996) stated that a good qualitative researcher must be able to be clear, sensitive, knowledgeable, and open, just to name a few. Since the researcher and participant relationship will be established when potential participants receive the initial communication about participating, I had to maintain the professional relationship despite the sensitive information the participants provided to me. Additionally, I kept the relationship professional so there was not any bias during the project study.

As a financial aid counselor on campus, I needed to separate my professional duties from my part as the researcher and not talk to the participants about their financial aid during the process. I did not want to give the participants the impression that they will

gain a financial aid award for their participation. Additionally, I explained to the participants that the relationship between us would be exclusive to the research and not financial aid related. Thus, all students who participate needed to go through the proper channels on having their financial aid inquiry answered.

Data Analysis

When the data were collected, I organized and prepared the data for analysis and read the data to gain a sense of the information (Creswell, 2009). Soon after gathering and reviewing the data, I transcribed the data collected from the interviews. By transcribing the interview from the participants, it gave me an in-depth look into the participant's experience. For security reasons, I protected the transcribed documents with a password, so it would prevent anyone else to view it and gave each participant an alias created by choosing the top names for newborns from 2017, based on their gender. After transcribing the interview and summarize the answers from each participant, I followed up with each participant to check the accuracy of the interview. Since these were sent during the school year, I gave each participant a significant amount of time for feedback, which was a month. Each participant was told that if I did not hear from them after the deadline, then I assume the data were correct.

Coding the Data

The first approach that was used was narrative coding, also known as narrative analysis. Narrative analysis is a useful tool for researchers who want to share stories of participants and want to know what common themes are being displayed after interviewing and reading data from each participant (Riessman, 2005). This was very

useful for this project study as I wanted to determine what were the common themes from each participant's interview that contributed to their depression and anxiety, as well as seeking professional assistance.

Coding is the process of labeling text to form descriptions and themes found in the data (Creswell, 2009). The coding was in relation to the research questions that guided the project study. First, I had reviewed the data thoroughly and wrote some ideas that came into mind. Lewins, Taylor, and Gibbs (2005) provided a list of items that can be coded, such as events, behaviors, activities, meanings, and relationships, just to name a few. I then transferred the notes to a Microsoft Word document to make the data clearer for my view, and then created a column on the right side of the page for notes. The document was password protected. Once I went through the initial coding process, I then re-started the process again to refine, expand, or reject a category from the data. The bottom line of the process is that it needs to make sense of the text data and organized in a way where it will be clear how data analysis led to findings (Creswell, 2009).

In Vivo coding was used in this process. In Vivo coding involves identifying direct quotes from the participants (Creswell, 2009). The reason why this was used is to stay as close as possible to the participant's own words and statements (Creswell, 2009). This process will be the first and only cycle of coding.

Measures to Ensure Quality

Member checks were used to assure the quality, accuracy, and credibility of the findings. Member checking is a tool where researchers ask participants to confirm the accuracy of their quotes, as well as sharing results and findings (Creswell, 2009). After

the interview was transcribed, I emailed each participant the transcript and asked them to read the data and summary I wrote to make sure I captured their stories accurately. I gave them a month to review and get back to me with the feedback. I advised the participants that if no feedback was provided, then I would assume the information was accurate.

In addition to using member checks, triangulation was a part of the process to assure the accuracy and credibility of the findings. Triangulation is the process of obtaining findings from different types of data, people, or approaches of data collection (Creswell, 2012) to validate their findings. Triangulation was used in this study by reviewing literature of previous studies that are aligned to my study and interviews with participants to corroborate with my findings and field notes. Discrepant data, also known as a negative case, is a type of data that a researcher does not expect (Creswell, 2009). This occurs when spontaneous data appears when the researcher is not seeking it. (Given, 2008). Contrary to negative data found in quantitative research, it should not be ignored (Given, 2008). Fortunately, no discrepant data was found during the data analyzation.

Findings

During the process of analyzing the data of this study, I found that participants had endured common challenges that led to their anxiety and depression and decision to seek professional assistance or not. The themes that emerged from the data about contribution toward a participant's anxiety and depression were (a) pressure (academic, parental, self), (b) transition and adjustment (being away from home/away from parents, new environment), and (c) roommate and familial challenges.

Experiences Prior to Enrolling at a Four Year University

Before moving forward with each theme, I wanted to give more context to each participant. Each participant was asked about their high school or community college experiences, if they were a transfer student. Each participant had some similarity in high school achievements, but each took a different path to obtain it. The first question was about what kind of student they were while in high school. Most of the participants stated that they were each a high achieving student while in high school and really enjoyed talking about their past experiences. Emma, a political science major, briefly described her involvement in high school and how important it was for her:

I was very involved. I was in a couple of clubs, very... Like, I performed very well academically. I was a straight A student, for the most part. High performing, very excited about education. I went out of my way to help my teachers and make friends, and just make it worth it.

Olivia, a health communication major, stated:

I would say I was a good student. I would get, I think, mostly A's and B's, maybe a C here or there. But I was definitely a really good student. I didn't feel like I had, what do you call it, tried too much, but, at the same time, even though I wasn't doing my best, it still had me focused on getting As and Bs.

Daniel, a geography major, shared his experiences after being home schooled prior to enrolling into a high school:

I always had good grades. I was a straight A student in high school, but I wasn't. Western University thinks I was a straight A student and then didn't quite keep

that up the last half a semester basically. There were a couple times where ... I was also a really lucky student. I think luck is really important, sort of why I'm at Western University. I attribute a lot to luck.

Amelia, a conservation and resource major, shared her experiences as a high school student:

As a student in high school, I was very determined, but I also felt like I had to prove myself. So, I would do things not necessarily because I genuinely wanted to do them, but I think I did them to get power. I think if I had one word to describe who I was in high school, it'd probably be Machiavellian, because I acted very logically in pure self interest in order to do stuff.

Although most of the participants were high achieving and earning passing grades, there were some that took a unique path while in high school. One of the paths that some of the participants took were participating in a concurrent program at their community college. By taking concurrent course work at a community college, it helped these participants get ahead start at their institution and to hopefully graduate sooner than most of their peers. Charlotte, a science major, stated, "I was in this college prep program.... it helped me, like, take A.P. classes take college courses that transferred over (to Western University)."

Emily, a sociology major, stated, "I had first enrolled while I was in high school, actually. So, I was taking some classes during high school at community college. So, as a student there, I felt like I was a pretty good student back there, I would say. I really focused on doing well in my classes, I hardly ever skipped." However, Mia, graduate

student who wanted to share her experiences as an undergraduate, had a unique experience. She stated:

I think I have somewhat of a unique story because I did two years of high school in a very competitive high school in Silicon Valley. The two years there I was very unhappy. I think I was a decent student but the standard there is ridiculous. I actually, after two years, I went to community college exclusively, so I stopped going to high school, and it counted towards my high school degree which was really nice.

Another path that was discovered was moving to another location. Jocelyn explained that she had moved from San Francisco to Vallejo, where the school system was not as rigorous as her previous school:

I went to what you would call a public magnet school in San Francisco for the first two years. So, freshman and sophomore year I was there. And then a month into my junior year which is quote unquote the toughest year of high school is what most people say, I moved to Vallejo and went to a public school there. I would say it was ghetto, and it wasn't very academically rigorous at all. So, what most people would say was there most challenging year was my most lax year. Which is really odd. So, that transition was a defining experience of high school for me. It went from kind of the opposite of what most people go through.

While some of the participants attended a concurrent college program while in high school, there were some that did not have the luxury of attending such programs. In fact, some attended a unique secondary institution. Two examples of this came from

Evelyn and Sophia's experience. Evelyn had attended a nontraditional school that was new in her hometown in Southern California. Evelyn stated:

It was a small school about 380 students, ninth through 12th grade and then open in 2008. So, and I started there in 2009 and I did my ninth to twelfth grade there.

The school was a school, um, it was a new tech learning high school. It was project-based learning in high school and it did not have A.P or honor classes.

Academically I was the valedictorian of my class. So, you could say, you know, I was a good student. I got good grades, like straight A's and things like that. And that was like very, like hyper active in my, in my school and was president of national honor society. I would do leadership.

Meanwhile, Sophia had migrated to the U.S. from Mexico during her teenage years without her parents. Since she came to the U.S. at a late age, she was placed in a high school which was considered to be a low-ranking school due to its at-risk environment:

My parents sent me and my younger sister here without them. So, we were here with my maternal grandparents in San Francisco. I was only 13 years old. I went to Mission high school in San Francisco, which is one of the lowest rated high schools over there because of the environment around it. It was considered a ghetto area. When I was first placed in Mission High School, my friends from middle school would tell me that I would probably die there because there were so many gang fights. People there didn't really care about school. But in reality, it turned out to be a completely different situation.

I was placed in Mission because I came to U.S. pretty late, so there was no more room in the good high schools. So, I didn't have a choice. It was either that or going back to Mexico. I was an overachiever in high school. I had 10 different literature positions. I would always be busy and that explains a lot of my work ethic. I consider myself very responsible. I'm usually that person that you can always depend on.

The next question that was asked to each participant was if they had endured any challenges at either in high school or community college. This question was asked to get more context about their high school experiences, and more importantly to determine if they had any struggles while in high school. Most of the participants confirmed that they had endured challenges of their own while in high school that may have hampered with not only with their studies but also mental health.

Four of the 11 participants, however, shared challenges that seemed to be unordinary compared to the normal challenges, such as peer pressure and bullying from other classmates. Emma shared her high school challenges she had not only encountered bullying and peer pressure while in high school, but also internalized racism from her African American peers:

The neighborhood I come from, it's not highly praised by my peers to be well-academically performing. They'll call you, in my case for being black, they be like, 'You're acting white,' or something like that. That was pretty discouraging, because it seems as though black people aren't supposed to capitulate and be high up there, 4.0, and that was definitely a challenge.

Ava had a somewhat similar experience when she noticed that her African-American high school peers were not participating in the same courses as her. She stated that her peers were purposely segregating from other students on campus. She explained that she had applied to get into a high school course that was difficult getting into. As soon as she was in the program, she noticed that her classmates were predominately white:

It was just kind of hard wanting to stay in there, because it was predominantly white. I was the only full African American student in that class. It was an Eritrean girl and then another guy, but he was biracial. He was half white and half African American. Of course, I get along with every type of race, but it's kind of discouraging when there's nobody that looks like you. It was kind of discouraging seeing my other African American counterparts kind of ... It was kind of segregating in a sense. Not necessary openly segregated. This was kind of subliminally segregated, because, African Americans, they weren't as encouraged to get into these programs.

A lot of times people would say, 'Oh. The program is really hard. It's so much work.' When you get in there, it's not that much work at all. Actually, it was very enjoyable, but it was just discouraging to see my other African American friends, my close friends, going on separate levels. Them telling me about their coursework, and it was like, 'Wow. You guys are still doing that?' Then me being on another separate level.

Sophia mentioned earlier that she had to attend an at-risk institution, but also mentioned that she had to move from Mexico to the U.S. with her sister without their parents. Since her maternal grandparents hardly spoke English and unable to fully support her and her sister, Sophia had to learn quick and know how to survive not only at her high school, but in a new country. She explained:

I would definitely say that going to a super low-rated high school was definitely a challenge, in the sense that I was the one that had to go out and find the support. No one would just hold my hand throughout the whole process. So, it was a lot of me coming out. Because in Mexico I would always be very shy and not really ask anyone for help. I was afraid of getting denied... If you go to the high school, you can clearly see the lack of resources. For example, the textbooks, how broken they are. How old they are. The bathrooms, the hallways. So, it was just a lot of reaching out. Even for scholarships. When I became a senior, coming from a working-class family, I couldn't really depend on my family for funds. And in my high school I couldn't depend on that either because they didn't have any money. So, it was all me trying to find those resources outside in the community.

Mia shared a horrifying experience where she was being bullied by a science teacher on a consistent basis. She explained:

I had this one experience where I had a chemistry teacher who was extremely abusive to his students but nobody else seemed to find it that way. None of the students. He would go tell students to go kill themselves, like, actually.

Mia would continue to share her unpleasant experiences with her chemistry teacher. She had many encounters with the chemistry teacher to the point where she had lost respect for him after one extreme unpleasant encounter. Before a Thanksgiving break, Mia stated she had taken a test in class. She said that she studied very hard for the test and was very relieved that she passed it. However, her chemistry teacher accused her of cheating, as she explained:

After the last period of the day, I went to him afterwards and I said, 'You know, I think I did really well on this. Do you mind if you grade this for me now, so I can know before break?' He grades it, and he goes, 'This is right. This is right. You got a hundred percent. How did you cheat?' That was really upsetting to me. I think I might've yelled at him. I remember I went home, and I immediately emailed him. I said, 'I can come back to campus right now. Write me a different test, so I can prove to you I didn't cheat.' But it was just ridiculous that he even accused me of that. He responded, 'I can't find my answer key, so you had to have taken it. I don't know how, but you took it.' After the break he said, 'Oh, I'm sorry. I actually found my answer key.'

This was a breaking point for Mia, as she would eventually apply and was accepted into a middle college program. After joining the program, Mia felt relieved and encouraged by her new surroundings at a community college. She felt students there were very engaging and helpful. In a way, it felt that she made a better connection with students who were older than her. She also enjoyed collaborating with a teacher, who taught at her high school and college. The teacher was the opposite of the chemistry

teacher, in that she was helpful and made Mia and others feel important and treated them with respect and as adults. She also enjoyed the freedom it gave her, as she could take electives, such as Yoga class. Her college experience was so much better than her high school experience as it stimulated her mind and influenced her to pursue a degree in high education.

The reason why each participant was asked about their high school experiences was to get a better sense of their background before each attended college. I wanted to get a better idea if they had prior challenges that overlapped into their college years and determined if they had experienced anxiety or depression while in high school. While some admitted to experiencing either mental health challenge, they were not fully aware of what they had until they attended college after learning about their symptoms from others, such as friends, counselors, etc. The following section will be themes that were found from the data analysis that either contributed toward a participant's mental health challenges.

Factors Contributing to Anxiety and Depression

Pressure. Pressure was identified as one of the common themes when analyzing the data. Pressure comes in many forms for most individuals. In this case, however, a few subthemes were found when it comes to pressure. Those were academic pressure, which then led to impostor syndrome; familial pressure; and, self-pressure. Regardless of what type of pressure each participant experienced, pressure was one of the factors that led to their anxiety or depression.

Academic pressure was one of the subthemes in this category. Most of the participants acknowledged that their college or university was a very challenging experience during their first year, especially since they did not expect the rigor to be as intense and competitive as it was. By experiencing the academic challenges, it led to each participant to question experience impostor syndrome, which is a condition that makes an individual feel like a fraud or not as smart as others. Charlotte shared her experience about her academic pressure and it leading to anxiety. Charlotte explained, “Western University sets the pace! If you can’t follow it, then you’re going to fall behind in some way.”

Charlotte explained that Western University has its own standards for its students, as the margin for error at Western University was very small. She mentioned that if you have the slightest slip up at any given point during your academic career at Western University, you will fall behind. She went on to further explain that she was expecting the challenge, but not as intense as it was during her first year at Western University:

Chemistry courses here... they're just like super hard. And I was like, holy crap. So yeah, I guess coming to terms with the fact that like I was still on normal Western's timelines even when I came in like 70 transfer units, kinda just made me realize that like Western University is kind of hard and I shouldn't push myself to like to adhere to its standards or like of myself I guess like, or like my mom's standards with me varying.

The pressure of attempting to do well at Western University and also meeting her mom's standards added a lot of stress to Charlotte's mental health. It got to the point where she began to question her own self-worth:

I think my spring term freshman year, it was when I was just like, ah, like I started like hesitating and like doubting myself. So, I was able to take Chemistry 1A in my spring semester, freshman year and since it was like a bigger class, I was like, holy cow, like everyone here is like so smart and like the class is so big. My first midterm I literally like bombed and I was like so shook at myself. I was like, 'I thought you knew!', like I passed the AP exam.

I like did well in high school chemistry, and was like, 'Oh this is pretty cool.'

And, then like, I guess when got that first mid-term score I was like, I like couldn't really look at myself as the same student that I was because I thought I was prepared for it. I thought I was doing all right. And, then that first mid-term scores like kind of like not really broke my spirit but definitely like knocked out my ego.

As Charlotte explained that her impostor syndrome-like experience made her question her ability to function well academically at Western University, she also expressed concern about her future:

When I came here and then didn't do too hot on the first midterm of chemistry, I was like, I doubted my, like career, like life cause... I couldn't pass chemistry. Can I really declare (a major)? Could I really become a doctor down the line because chemistry is so integral to like the pre-med path or just like the understanding of it

and like I started freaking out because I was like, if I can't get to like medicine or like man can't enter a pre-med role, like how will I provide for my parents because I'm pre-med. So, I guess like that first, like chemistry midterm like didn't really support my dream and that was a struggle that I had to come, with come to terms with and that's when I started like feeling more anxious about like being a student here at Western University., being pre-med at Western University actually.

Emma shared a similar experience about the academic pressures that Western University has set for its students:

(This is) definitely a challenge because this is not the place to be, you know, failing. This is competitive, this is Western University. You cannot mess up. And that pressure, it made me second guess myself a lot. It definitely, uh, lowered my self-esteem to see my grades dropping because in high school, the A's correlated to C's here.

Emma felt the pressure of not failing at Western University, as the institution build the reputation on being the best public institution in the world. With that reputation, comes with pressure to do exceptionally well. Regardless of how successful Emma was in high school, she doubted her ability to repeat her success at a collegiate level. Her best in high school was not transitioning well enough, as she stated her grades were dipping significantly at Western University.

Evelyn shared her experiences with me by stating that she was excited to start at Western University and couldn't wait to start. However, she took a unique path prior to

starting at Western University by enrolling in a summer bridge program, as the program is designed to help low-income students transition into higher institution. In the program, she was required to take a statistics course and an ethnic studies course. She began to realize that the courses were a lot harder than expected. During her summer bridge program, she started to notice that her anxiety was more apparent than before. She explained:

And so, I was like, wow, like, like it was kind of like... but like don't get too comfortable because, like, if you (don't do well) then don't have a spot in the fall. I came for the summer program and uh, it was, I was, I didn't know, I can't guess now, five years later, I can now describe those moments. I was like, I was so anxious all the time. There was a lot of anxiety, um, and like put it there in summer, 2013, I didn't know what those feelings were. I knew that those feelings had existed in high school and I guess I, and now I'm just like, wow. Like I went through so much anxiety and I remember getting, gaining 8 pounds in summer bridge because I was so stressed. I was like, if I don't pass these classes, I'm not going to come back.

I remember taking Stats, which was interesting, and taking Chicano studies 50. I remember failing both of my midterms for my stats class and I was like, 'Wow, I suck. Like, why can't this stick?' Like, how come I can't, like my brain can learn in this way. I'm at the end of that program. I passed Stats because it was a pass or no pass basis. And, I got an A minus on my Chicano 50 class, which meant that I came in to the fall term with a 3.7 GPA. And, I was like, 'Wow.' Like, I can't

believe I did that, you know, but it was kind of, like, ‘Why did I need this to validate the fact that I could be here?’

Sophia was also a summer bridge student during a different year and experienced a similar challenge like Evelyn, but as Sophia shared during the high school experience questions, she had to do more due to her already challenging background.

That was clearly one of the hardest classes that I've taken in my life. Taking college algebra, I would spend five hours at the SLC, Student Learning Center, every single day. And it would just hit me sometimes to think that I have classmates who literally come to Western and just go straight into those classes and get As. And here I am, sleeping at the SLC, just to get a B in the class. Or a C. And that really made me realize how I had to work even harder... It felt like that gave me a lot of anxiety.

Daniel shared his story about his academic pressure, but rather than sharing experiences about him trying harder than most students, he started to question as to why he had to do certain courses and believed that he did not need to complete it. There was pressure by him to try and stay motivated to complete his academic requirements, but the pressure contributed to his mental health challenges. He explained:

I tried to tap into that and I did it, at points, but the problem was I ran into this level where I was like ‘I need to figure out why I'm doing this.’ The old argument I had in high school was ‘you've always been doing this, you've always been getting A's, and you just need to finish it out. Obviously, you can. Obviously, you've done it before. You can do it again.’ That worked, and it did work. Now

it's just like 'Why? Why am I doing this? Why am I taking this math class at all?'

Or just like 'What am I doing?' So, that's where it all fell apart basically. That reservoir definitely was there, but I just never could tap into it.

Amelia shared another form of pressure, but this time from her family back home. She mentioned that she was a non-resident of California and had to pay more in tuition and fees, as an out of state fee was assessed. During our conversation, she explained that in her family there were only a few career paths that they can pursue if they attend college, "Our family was always really ... My family was always particularly strict. You were like doctor or lawyer. I wanted to be a lawyer at the time. And my parents were like, 'No, you're going to be an engineer.'"

In addition to her family pressuring her to pick a valuable career path, Amelia mentioned that her mother was also pressuring her to get her money's worth as they were responsible to pay for not only for the standard tuition and fees, but also out-of-state fees as she was not a California resident, she is originally from the East Coast. This added more pressure for her to not only do exceptionally at Western University but to also seek out opportunities to help with the financial burden:

I was really excited about [Western University], like a whole world of opportunity, but it also felt like a huge burden, because I'm out of state. I'm an out of state student, and [Western University]. is very expensive. And I felt ... This was internal pressure. I felt like I had to do something that was worth a lot of money in order to compensate for this really huge expense.

But, there was always some anxiety on the back burner on who I was and how I was supposed to be. And my mother, my mother was still concerned about finances, and she wanted me to pursue state residency, which is very difficult. You have to be financially stable, but no one would hire me because I'm still 17. And who's going to hire a 17-year-old kid with no experience? And so yeah, the financial stress of being at [Western University] or being a [Western University] student started causing anxiety for me during that transition.

I got a lot of calls from my family. It's like, 'Are you getting loans? Are you working? Are you doing this? Are you doing that? You have to maximize your value here at Western University.' And I was like, 'I'm trying my hardest,' which I was at the time. But having that financial, that pressure from my family to act like other people, I guess, caused me to force myself to do things that I felt like I didn't want to do. And while I was successful at those things, I feel like I could've done... There's a difference between success and happiness, and there's a difference between minimizing cost and optimizing value. So, I traded off a lot of things that I could've maximized my value, like the value of my experience here at [Western University], for cost optimization.

On top of this form of pressure, Amelia and others expressed that they had put a lot of pressure onto themselves to do well and also participating in many on campus programs. They put a lot of pressure on themselves by setting high expectations. Each participants had their own expectation on what they wanted to accomplish during their

first year in higher education. Some seemed realistic, while others seemed ambitious. For instance, Amelia stated:

'I am going to get an internship. I am going to get research. I will do a research thesis. And on top of that, I'm going to join ...' I had a lot of expectations. I wanted to do ... I want to do sustainability consulting, and so I was like, 'I'm going to get into the business consulting booths on campus.' And I also wanted to graduate early, because that would alleviate financial stress, and plus, I thought that maybe being out of school would mean I'd be able to have more adventures in life. So, I was like, 'Let's get out of school.' So, I was like, 'I am going to take organic chemistry over the summer. I'm going to do this super hardcore biophysics sequence. I'm going to do everything. I'm going to learn animation while I'm at it. I'm going to make so many new friends and maybe have a significant other. It'll be great.' Yeah, that was me... super optimistic and with way too many ambitious goals.

One would appreciate the ambitiousness from Amelia, but it seemed that she was trying to do too much in a short of amount of time. Olivia had a similar challenge where she took on too much responsibility and tried to do too much at her school in during her first year at her institution in Southern California and blended over to her second-year. She explained she wanted to be more involved with her studies and social life, plus taking on responsibilities by participating in internships. She felt by doing these activities that she would be seen as someone who is responsible and dependable, however, the pressure made her feel very overwhelmed. She explained:

Sometime between my freshman and sophomore year, I was just like, 'Wow, I've done a lot at this school. There's a lot of people in marketing, communications, IT who are always trying to interview me for stories highlighting the school about this scholarship, where only like 11 people across the nation got it and all of that stuff.' Just, 'Oh, wow. I guess I kind of have to stay here now 'cause I already did a lot... Well, I have to finish this now.' It kind of went by quickly, but at times, it went by slowly, as well. It was a little pressure or expectation that I put on myself. But I thought that, well, others would have thought of me, 'Well, she's alright... She's pretty much excelling. She should just finish at the school.' I would say that. Then the school really emphasizes leadership and mentorship, so I guess there was an expectation to continue on with that, being involved.

My mental breakdown started happening more frequently. Usually, what would stress me out is getting like 20 emails a day, texts from my other officers... It was just constant emails about this, group feeds about that, and my phone and everything would just be so swamped. I just felt like everybody wants something from me. It just became a lot. When it came to those times, I felt like I had a breakdown, and then I got a cry or whatever at home.

Emily also felt the pressure of involving herself in many clubs, as she wanted to be more social than before. However, she would eventually burn herself out by the time finals had arrived and felt the overwhelmed. Emily said:

I guess especially at the end of my first semester, I had joined a lot of organizations at that point, because as I mentioned I really wanted to be engaged

on campus and I wanted to do all these things, but by the end of first semester I was really feeling burnt out from all of it, just having finals and all of my organizations and stuff like that. It started piling up at the end and around that time I was feeling really, really anxious. It just felt overwhelming around that time. Especially during, around dead week, I was starting to feel everything pile up. I have a history of having panic attacks back in high school and while I was at community college. Fortunately, I didn't have any while I was here, but I did feel like I was close to getting there.

Ava had a life-changing experience that added an enormous amount of pressure for to not only do well in school, but to also taking care of herself while being pregnant. Ava had found out during her first year at her college in Southern California that she was pregnant:

Of course, after I found out I was pregnant, I'm like, 'I don't know how I'm going to do this school thing.' My first semester, I got all A's. I got a 4.0. I was like, 'Okay. Wow.' Then my second semester came, and I'm like, 'Oh my God. I'm having a baby.' That was really challenging, because when you're in your coursework and you're basically a teen parent kind of, because I was ... I mean, I was over 18, but I'm still not over 21, so you're still considered a teen parent. That was really, really, really challenging because you don't know what your parents are going to think. A lot of the times, especially with young women, abortions versus keeping the baby, that's really, really, really ... I think that's really a major problem in college especially for young women. A lot of the times when we see

confrontations about abortion, pro-life, it's not really from people who experience it.

Being a young adult, barely started her college career, and pregnant seemed to have added a lot of pressure on Ava. She was also worried on how people, especially her friends, would perceive her. She said:

A lot of people don't talk about it because it's very emotional. Very emotional. A lot of friends ... I won't say their names, but a lot of friends I've known they got abortions, but it wasn't because they wanted to. It was because what they thought other people thought. What people think about them. It's also the fact that a lot of people, when you're in college, they tell you it's nearly impossible to be in college and have a baby. That was really, really hard making that decision. After I got enough courage to tell my mom, thank God she was supportive of me. Well, not everybody was supportive of me, but, my mom, she was the main person that was supportive of me. That was good that I at least had one person that was supportive of me.

She told me, 'It's going to be hard, but it's not impossible.' That was really, really hard. Letting my friends know I was pregnant. Word gets around school really fast. It was really, really hard my second semester because I didn't tell anybody I was pregnant. I didn't tell anybody I was pregnant until I finished my second semester and I left. People didn't know. That brought on a lot of anxiety. Not really trying to hide it but trying to keep my personal business to myself. That was really, really hard.

Despite her challenges as a young adult, Ava decided to keep and raise her child. With a strong support system in place, such as parental support, she was able to finish her year at her institution in Southern California. However, her anxiety did develop along the way. As she explained, she had concerns on how her friends would perceive her. She added additional pressure to herself by not revealing her pregnancy to anyone other than her parent. It would be up to her, now, on how to transition herself from a young teen to a young pregnant teen mother, as well as adjusting to her new lifestyle.

Transition and Adjustment Challenges

There were two themes that intertwined with each other and those were transition and adjustment. Most of the participants were transitioning from high school to college, while some already transitioned to college while being in a middle college program, and another was transferring from a community college to a four-year institution. However, adjusting to a bigger and newer campus was a challenge for all of the participants. Emma said:

Once the semester started, it was very different from the dreamland state that I was in during the orientation. I saw the reality of this campus and this city. It can be very cold at times. And, it's hard because black people are only two percent on campus, and my dorms was an African-American dorm themed program. So, that was the only chance I was able to see people that looked like me, and so, it was definitely a culture shock. Coming from high school where everything was so uniformed and coming out here, having all of this freedom, not living with my

parents anymore it was just really different. I guess not having that regimented guidance is what let to me stray during the first year.

By not having the normal routine prior to enrolling into higher education, Emma started to realize that college life was a lot different than expected. The demographic in at her previous high school were mostly African-American students, while at Western University about a fraction of the population was African-American. In a way, this bothered Emma as she would have wanted the university to have more African-American students. Another adjustment that she had a challenge with was having more freedom as a young adult. Living away from her parents was different for Emma, as well as no longer having a normal routine in place. Without the routine in place, Emma started to change in a way she was not expecting. At this point in her life, Emma was feeling overwhelmed due to the fast-paced nature of the new environment. She said:

My grades dropped significantly. A lot of adults would tell me, while in high school, like, 'You're going to see what the real life is like,' or, 'This is how the real world is.' I never really understood, I was like, 'I'm always going to be me.' But, I'm not the same person I was when I graduate last year (from high school). I'm not the same person when I first started coming here. It just took me to come here and get that rude awakening. When I came here, I was about the same level of extroverted than I was in high school. I was still very sociable, but it was just something how big this university is that made me become a wreck loose.

Charlotte had also experienced similar challenges as Emma, as her transition to adulthood was a bit of a challenge yet interesting. The freedom that came with adulthood

was something she took advantage while attending Western University but had challenges on prioritizing her goals. She explained:

Transitioning lifestyle was like kind of interesting because, like, I wasn't able to go out a lot, like, in high school because I worked. So, coming to [Western University] and then dorming and then like I lived with friends, I'd like knew since kindergarten, so like I was super comfortable with them. But the social power that I like now held to like to go out at night. So like sleep at like three in the morning or come back home at three in the morning. It was kind of new to me, like going out to parties or like just like hanging out with friends in their dorms and then coming back home and then being like, oh my God, I'm so sleepy, like I need sleep. And then going to class at 8:00 AM the next day was totally new to me. I'm so adjusting to that was pretty all right. I think the academic rigor was just, was like a key point that like kind of dictated whether or not I stayed out versus like sleeping and I tried to get a good sleep schedule, but it's kind of difficult.

As Charlotte explained, she had a difficult time on prioritizing her time and had a struggle with herself whether to spend more time socializing or studying. However, the commonality from her and Emma was that they both had a lot of freedom and this presented an issue for both. Daniel, on the other hand, had his own expectations of the [Western University's] environment. However, as the year progressed for Daniel, he learned that his expectations were not being met. He explained that he had enrolled at Western University. as his mother was an alumna and wanted him to enroll and follow

her academic footsteps. However, during his first year at Western University, Daniel expressed concerns about the school's bureaucratic ways and adjustment challenges. He explained:

There's also just being here, in the place Western, and being a part of the school system's bureaucracy. That's a really big part of it too because I have almost no faith in Western anymore. I guess my expectations were too high coming in. Basically, what my mom said is it was a place of learning. I really care about learning. I'm really curious about a lot of things. I'm taking whatever math class. I have one A. Well, I mean I don't know why I'm doing this, but I don't dislike it. I like just learning, basically just like learning. That was totally opposite when I got here. That feeling of just wanting to learn, just being curious and sort of like knowledge, totally alienated. That feeling, I keep it in my heart and I don't see it anywhere. I do not see it. The classes, the way people interact, the way that they talk about these classes and they're like 'Ah, it's just because trying to get an A,' is the highest one. It's part of my negative framing.

Daniel wanted to learn and make friends at Western University, but instead he said the school wanted its students to be competitive and try to be the absolute best. This turned Daniel off completely and his negative feelings were turning into anxiety. He continued by saying:

I mean I'm just ranting, but this all is sort of coming in from the first year. People were just ... They're very concerned with getting a job, with getting internships, and I just don't see learning anywhere. No one in my classes has made me believe

that. Very few of my teachers, although there have been a few professors that I've had here that, in fact, make me think that Western University is worth something. My overall impression is that I was ready for it to be really hard, but I wasn't ready for it to not, in my estimation, be worthwhile. So, I would definitely say that, not worthwhile. That was the really loud conclusion that I came to after my first year.

Jocelyn shared her experience about transitioning from high school, as she shared a story about what she had felt a day prior to the start of her first year at Western University. Although she was excited about her first day, Jocelyn began to feel nervous and this led to her anxiety to develop. Jocelyn explained:

One vivid emotion... I don't think vivid is the right word, but a memory I have. It was the day of move-in. I'm kind of fast forwarding a little bit, I'll go back. But the day of move in, I was eating dinner... I had just dropped off my stuff in my dorm. I had briefly met my roommates, but we went out to eat afterwards. I was very nervous. I was very, very nervous. It was very overwhelming. So, I think of that. I had a little bit of fear. Definitely. But prior to that, leading up to it, I was pretty excited. I think with my mom we would be moving around a lot in San Francisco, and then back to Vallejo, so there was a lot of instability in a way.

Jocelyn assumed that she would transition well into a new school as she did when she and her family had to move from one city to another. But, that did not seem to be the case for her as she felt overwhelmed on the idea of beginning a new adventure in higher education. Emily also shared her experience on moving from one city to another. Jocelyn

is originally a transfer student from Southern California and had to move to the Bay Area to attend Western University. She had attended her local community college and noticed that coming to Western University was a major culture shock for her. She explained:

Okay, yeah, it was a huge transition period for me, especially because I had never been to Bay Area before I started attending Western University, so it was a huge change in atmosphere, environment and everything here. I don't have many relatives in North Cal, so it was kind of hard adjusting to that at first.

As a new, incoming transfer student, Emily was required to attend the institution's new student orientation. She said that the orientation helped her adjustment challenges, but was still missing her family:

I know, it's a helpful program. But yeah, even so, it was really hard to just get used to being so far away from home because it was my first time living away from my parents and my relatives. You know, being so-cal native all my life, it was hard adjusting to the weather, it's a bit colder here than So-cal is, you can imagine.

Olivia, who was a participant with the BACS program, shared her transition and adjustment challenges at her school in Southern California. Like many of the other participants, she was excited about the transition to college. But as soon as she stepped foot into her new dorm room, she noticed that the diversity was lacking. She explained:

It was a huge culture shock. I was living in the dorms, and there was barely any people of color. Coming from Oakland, that's never, ever really the case. Barely do I feel like a minority back home, but it was just, I think, maybe a handful of

students of color, and then some of them were whitewashed, which didn't help have a sense of belonging. So, that was rough. I really did not enjoy living in the dorm, because, of course, it was mostly white. And once again, I still didn't kick it with white people in high school. So, I come into college, there's even more of them, and, honestly, I would say if it wasn't for my friend at the time, who was there for me and everything, I would have transferred back home to Oakland. I would have went back because it was just too crazy. It was so different for me.

Olivia, as well as others, came from a comfortable background where everything was normal to them. They had their routine of going to school, spending time with their friends whom they've known for a long time and doing other activities. However, as soon as they stepped into a much bigger college environment, their surroundings were different and often unsettling. These participants would eventually settle into their new campus, but it took some time and effort to get used to it.

Roommate and Familial Challenges

The last theme that was discovered was the challenge that most participants had with their roommates and family. Living away from home was challenging for most of the participants but living with someone whom they were not familiar with was just as challenging if not worse. Some wanted to have a strong and healthy relationship with their roommates, while others just wanted to maintain their sanity while living with complete strangers. Jocelyn shared her brief challenges on her relationships with her roommates during her first year at Western University:

My first semester I wasn't as social as I had hoped for. I just didn't really make the effort of meeting new people. I was kind of not as close as I was in the second semester with my floor mates and roommates. But I think it was just time. It takes a while for me to know people and for people to get to know me. So, the second semester looked up a little bit because I was super close to my roommates and floor mates. So, I spent a lot of time with them. It was interesting because in the beginning I oh I was going to meet new people in clubs, but it was actually just the dorm situation that worked out really well I think. So, that was an awkward trend in that...The support network I guess is a lot better. Like one of my floor mates would force me to go study in the library even when I really didn't want. I just wanted to lie in bed or something.

Although Jocelyn would eventually overcome her social anxiety by her second term, it did affect her goals on meeting new people right away and being forced to do things she was not interested in doing. However, it seemed that her roommates were only attempting to include her in their adventures. Ava also shared her story on having social anxiety:

One thing that I did kind of have trouble with the social aspect of it. That always brings on anxiety. When you're in a totally different new place, you're by yourself. That's one thing. When I went to college, I didn't know anybody else who was going from my home town or anything like that. Definitely trying to maneuver and trying to find people that I had common interests with, but overall

my experience in my first year transition from high school to college I did pretty well.

It is uncommon for students to try and find people to connect with who have common interests, but as Ava explained she was by herself and did not know anyone at her college in Southern California and had little to no idea on how to communicate with new people during her first year. Thus, her social anxiety was escalating when attempting to meet new people on campus.

Olivia shared her experience by stating that she never had a sense of connection with her family. Due to this, she developed social anxiety through her first year at her school in Southern California. Earlier in our conversation, she mentioned to me that she had a platonic friendship with a guy she met in high school. It eventually became an actual boyfriend/girlfriend relationship, but she felt that the relationship was not real and seemed to regret being his girlfriend. She explained:

I think my freshman year, there were times when I would wake up in the dorm and my chest would be tight. That was due to stress or depression, that was not really, I guess, diagnosed or whatever, because, at the time, that friend that I was talking about before, we ended up getting together, and then he was my boyfriend. Yeah, I was with him and everything, but I knew it was not ... I didn't like him. It was more of a support thing. But then, honestly come to realize it recently, too: I've just been dating a lot, and I feel like that has been my sense of foundation or connection, because I'm not super close with my family, although I am definitely

working on that relationship now instead of just getting into relationships back to back.

The regret stemmed at the fact that she was only with him for the wrong reasons and explained she did not have feelings for him as a girlfriend. She became his girlfriend to fill the void that was left from her family up in Northern California. As her first year at her college, she soon started to realize that her dating habit was not healthy. She explained:

I was just diagnosed with depression maybe a year and a half ago, was because I've always had, what do you call it, boyfriends or something to make me feel a sense of connection. 'Cause before, I wasn't feeling like it was from my family, 'cause then there's this other thing with, 'Oh my gosh, I have this family where I just felt really off in that sense.' That's when my social anxiety really, really began, when I was really young. Anyways, I think if it wasn't for ... I felt like, throughout my life, I've had buffers to the depression. Maybe like significant others or groups of friends or something like that.

Daniel shared a similar experience on his venture toward attempting friendships on campus. Daniel wanted to provide more context to his educational background as he thought it would be beneficial for this study. Daniel explained that he was initially home-schooled through middle school, and when going into the high school, he wanted to learn how to talk and create relationships with people.

I was homeschooled until middle school. I did not have any sort of social ability coming into middle school. I sort of cared about school. I didn't know why I was

doing it, but my mom would be like 'Do your math homework' and I would do it. It was just easy and I would do it. But then I started to brute force my way. I was like 'I need to figure out how to talk to people. I need to figure out how to talk to girls. I need to figure out how to text people. I need to do this stuff.' I had a great awareness that sort of started in middle school.

By eighth grade, I had some parts I'd pretty much figured out. Sometimes, in my certain group of friends that I knew, I'd be very confident and, other times, I'd be very quiet. In high school, I was just in this process of trying to overcome that. I would overcompensate with my confidence and it would feel good. It would become real confidence. If you got me in a corner in a serious conversation, I would be more modest, but I would just say really overconfident shit all the time.

Although Daniel eventually got the rhythm of communicating with people in high school, he felt that he was overconfident and would often come off as arrogant. It did not stop him though, on attempting to create a social life at Western University during his first semester. However, along the way of trying to create relationships on campus he had encountered some challenges that hampered with his ability to function well.

First semester, I really wanted to go to parties. I wanted to make a friend group. I wanted a group. I didn't really care if I had individual friends as much, it was sort of a group system. So, I ended up joining NAMI (National Alliance on Mental Illness). Those were actually really great (friends) and I was really happy with those two. Both of them have since ... I'm no longer with those friend groups basically. It was a really positive beginning, but I never really got close to

anybody and I never really had this strong friend group. I guess I did NAMI, but I then tried to become individual friends with those people and they were not sort of with it. At that point, I didn't feel like it was worth it anymore.

As Daniel explained, he had some close relationship with two of his friends during his volunteer work in NAMI (National Alliance on Mental Illness) but that faded away as quickly as it developed. Daniel began to explore having individual friends, this meant that he wanted to create a friendship with someone rather than having to create a friend group. However, he encountered serious challenges in trying to do such a thing. He shared his unfortunate experiences not only with a particular friend but also with his roommates and dorm complex. Daniel explained that he had a number of challenges with his roommate, dormitory, and with his family. Daniel said:

I lived in mini-suites. I didn't live in a normal dorm and that was a huge mistake. That was a really, really bad ... Oh, there's two things actually. So, that was a really big mistake and I didn't get along with my roommates at all. I wasn't friends with them. We were just sort of cool, I don't know. I'm really quiet at home. I just didn't get with them. They all played League, so they were all friends with each other. There was this one guy, he was a League player, he was screaming about League all the time and, I don't know, we just did not get along.

I didn't get along with anyone on my floor either and that, I would say, started the feeling of jealousy for me, period. I had never felt significant amounts of jealousy in my entire life until I started hearing about other people from my high school who had good people. They had a social group that was their dorm floor. I was in

Unit 1, I was in the mini-suites, other people did their thing. No one kept their doors open. Other people made it work and they were friends with people, but it just did not happen with me.

So, I felt totally alienated from my home and I did not realize how much that affected me until semester two freshman year. But, also during semester one ... No, maybe this was ... It was around winter. It was this transition between semesters. I'm not going to get into the story of how, but I really pissed off one of my roommates and that completely severed our relationship and we would not talk to each other after that. That was so bad. I would come home, every day ...

On most days, I would just try and stay out as late as I could at a library and I would just be alone like in my house. You know, you're in a dorm room, you don't have privacy. I did not realize how much alienation I felt and so I could look back on it, but that fucked me up.

Daniel admitted that he felt jealous of the fact that he did not have much in common with his roommates. In a way, it seemed that Daniel was becoming lonely after being alienated from his roommates and others in his dormitory. He also mentioned that he got into a heated argument with a roommate that severed their relationship, and it got to the point where Daniel was purposely staying out late to avoid his roommate. He continued to say:

I really try and say I don't have regrets, but mini-suites was a regret, it was total regret of mine, as well as just how poor my relationship was with my roommates, obviously one in particular. Other people were like 'I love my roommates.' I don't

know, they just became friends with them. I was like 'Ugh.' I had this one person on my floor, but he was not like a best friend, he wasn't there for everything. We smoked together, and we would study together, but there was not anything else there.

I guess I didn't really realize ... I guess there were times where I would think like 'What am I doing?' It was a couple months after I had spoiled that relationship with that roommate and I did not like being at home and I would stay up really late. Sometimes I would just miss class. There were times where it was 3:00 A.M. ... This was the first time I ever had a panic attack too ... And I would cringe, I was just like 'What am I doing?' I think, at one of those points, after I had decided, I'm like 'I guess I really have to look at this, what is the criteria for being depressed? It interferes with your daily functioning.' I'm like 'I'm staying up this late and I'm having these panic attacks. I don't see how I can fix this and I'm sort of unwilling to try because I'm just not in a good place.' So, that's when I first started considering it. It was later when I started labeling myself that way, when I would say that's what it was.

Daniel was aware of his mental health and started to recognize his symptoms of depression. He started to question his daily functionality by asking himself about his feelings. The lack of kinship with his peers was truly affecting Daniel's ability to function. He wanted to make as many friends as possible but felt that his peers were not as interested as he was.

Sophia shared similar challenges with her roommates that impacted her mental health. She explained that her challenges with her roommates were mostly about understanding. Sophia came from a much different upbringing than her roommates, as they were polar opposites of each other. Sophia came from a low-income and underprivileged background while her roommates came from an affluent and privileged background and came off as ungrateful, inconsiderate, and disrespectful. Sophia explained:

I can actually recall a big moment during my first semester of freshman year I was put in the dorms most expensive dorms. And over there it's mostly white people. And they also come from very rich backgrounds, and it was a crazy experience for me because both of my roommates came from those backgrounds and they clearly did not value their parent's tuition. They would never clean the room. They would be a mess. They wouldn't respect your property. They were the worst roommates I've ever had. And usually I'm very good at respecting other people's habits, even though I don't like them. And that roommate experience really put me down because I would obviously go back and sleep there. And I even got into arguments with them.

Sophia's housing environment was very toxic, as she explained she was often in arguments with her roommates. It got to a boiling point during the school's Rush week, a week known for fraternities and sororities recruiting students to participate in their sister or brotherhood. She explained that she did not understand why it was a big deal, especially for her roommate who was emotional for not getting into a prestigious sorority.

Sophia's mental health was starting to worsen as she not only had the academic pressure to do well, but also living in a toxic environment. Sophia explained:

I didn't feel like I could connect with them that well. And even people on my floor, the challenges that they would go through, I couldn't really relate to. For example, the first week. It was Rush Week for the Greek Life. And a few girls did not get picked by the top sororities that their mothers were in, and they were literally breaking down and having the worst time in their lives. But to me, it didn't seem like anything bad. It's like, 'Oh, you can just join another one. There's 1,000 other organizations on campus.' And it was just hard for me to see their perspective, and I feel like that added a lot of stress for me. Because I didn't feel like I belonged at the dormitory.

And aside from that, taking those math classes from the beginning. So, I did take adjunct classes from the Student Learning Center. So, I would take those in addition to the actual math class, so I would always be at the SLC, and I felt like that gave me a lot of anxiety. I was given a lot of support obviously, but the fact that I had to do all this extra work just to pass a class definitely gave me anxiety. And having to go home and deal with my roommates. I only lasted there for a semester. I switched. I lived in another dorm with my friends. But I feel like those two components were the biggest source of anxiety, because the adjunct classes were another level. They were really hard.

As Evelyn was transitioning to a new off campus housing toward the end of her first full year at Western University, she stated she arranged to live with three Caucasian

females. She said that they were connected by a common friend. Evelyn explained earlier that she wanted to have a diverse core of friends but noticed that by having such diversity that it would create some uncomfortable situations, that included being open about their mental health experiences and consuming alcohol on a daily basis. She explained:

I lived in an apartment with like three white girls, which was so interesting. And I met them through this, my best friend because we were friends at that time, which goes back. Like, this is another conversation. But it was interesting because I feel like that was the first time I had ever lived with people who were like culturally different. I think that was our first time, there was like more open conversations about what it meant to have like mental illness because I think it wasn't like these women, like they had been seeing people for a while for like anxiety and stuff like that. It was so normal for them to be like, 'Oh yeah, I have like a therapist and I have a psychologist and I haven't seen them since I was little.' Like it was so part of who they are, they're bringing their upbringing, you know, and like, like these women, one of them like what's in Washington DC and Her dad was a lawyer, her mom was a lawyer. Her Dad, like he graduated from Syracuse and all, they had obviously very different experience than I did.

Also, other things like sometimes they would drink beer when they would eat.

And I was like, that's so interesting because for me alcohol was like, it came with like violence and now it's like, that's not something we do, like it's just something like I parties or gatherings and stuff like that and they would just casually.

Because I never wanted to open your fridge. And I was like so startled. I was like,

‘Why is there beers in my refrigerator?’ Because in my home, like my step dad doesn't consume alcohol, my mom doesn't either, so no one does. So that was so weird. Not that we're against it, but it was just like, it was just, that's not what we do on a daily basis. Like we don't. Yeah. So, it was like little things like that and like I think finally recognizing like their privileges and the things that I certainly did not have or didn't have access to. I think that's when I started realizing those things of like... What I'm in for me to be at this institution. So yeah, that was interesting.

Evelyn was uncomfortable about the choices her roommates have made in the past, their openness on seeing a therapist and their mental health challenges, and consuming alcohol. Her biggest concern was the presence of alcohol in her living space. Although she and her family don't drink, she associated alcohol with violence. It seems that Evelyn may have witnessed cases of violence either in her family or surroundings that was caused due to consumption of alcohol. The idea of having alcohol with a meal seemed odd as well. Despite these challenges, Evelyn would continue living in the same household as it was something she could afford at the time. For Amelia, at least things were not as out of control.

Amelia had her encounter with her roommate as she was making her life a bit uneasy. Amelia shared an experience with me where her roommate would often disturb her during times when she needed to be alone or sleep. Amelia shared some stories about her roommate being very awkward to the point it made Amelia reconsider her living situation. Amelia explained:

I had trouble with my roommate. She poured water on my bed, and it was like, 'Really?' It was just a strange roommate. Then again, I'm also a strange person, so, I mean, this is Western, a lot of people are strange, but my roommate, I would find my roommate crawling under my bed and just pouring water on my bed and being really loud while I was trying to sleep. And yeah, she was weird.

During her first year at Western University, Amelia explained that she thought she made wise choices, but it would eventually backfire. Confronting her roommate was not the exception. As her roommate kept disturbing Amelia, Amelia had enough of her antics and decided to write a lengthy letter to her roommate to air her grievances about her. The note was about five pages long and Amelia stated that she needed to let her roommate know about her actions and how it was making her feel, even though it would eventually make Amelia feel regretful, she felt that she needed to do it. Amelia stated:

And I fought ... I actually wrote this (note)... I remember I caused a lot of trouble because I wrote this five-page paper on all the grievances that I had. I was kind of inspired by Martin Luther or something. And I posted it on our door at her height, which was really intimidating feedback and kind of rude looking back. But first year me was like, 'Let's do that.' And that caused a lot of trouble.

As these participants shared their experiences with their roommates, Mia had a dire experience with her family. Mia was kind enough to share her familial challenges with me, as her story began since she could remember. She shared her story with me about her mother being abusive to her, more so being verbally abusive and not as supportive as Mia would have liked. Although this began before her college years, it did

overlap well into her first year at Western University to the point she would often think about her adverse home life. She explained:

I had a lot of family issues, so I was just very unhappy, unmotivated. I actually didn't think I was gonna go to college. Not that I didn't think I was gonna go to college, but I had no desire to try to apply. The depression stems from family problems, particularly, a very emotionally abusive mother also physically abusive but ... When I got here, and I had space to breathe it kind of all just came out. I don't know how to, you know, I don't know how to live. I think my mind was really attached back home to those things, and I just hadn't ... none of it was resolved. It was a really tough first semester. I wouldn't say that's the only semester where I exhibited symptoms of major depression, but I would go to class in the morning, maybe eat lunch, sleep until 7 or 8 PM when my roommates would wake me up to go to dinner, come back at 10, maybe study for 30 minutes, and then I'd fall asleep and then sleep again 'til the next morning.

Mia had little to no desire to attend college due to her challenges with her mother, as she was unsupportive and verbally abusive toward Mia during her teenage years. Mia would eventually apply and enrolled at Western University. Despite finding a bit of solace while away from home and attending Western University, the lingering effects of her familial challenges was dramatically affecting her mental health as she was showing symptoms of depression. She would be forced awake by her roommates to eat. As soon as she was done eating, she would go right back to sleep. Mia would continue to explain her familial challenges and shared a story about visiting her sister in a hospital after she

had done harm to herself. While visiting her sister, her sister was blaming Mia for her faults despite Mia not having spoken to her in a long time. Mia explained:

December of that first year I went to visit my sister in Boston. She was doing her master's at Harvard, and she attempted suicide when I was there. She told ... This is an aside ... This is really not that important. She told the hospital staff that it was my fault because. I don't believe that it was my fault at all. I think that maybe me being there was triggering her or something. She was in the School of Education studying Clinical ... It's Psychology but I think it was Child Advocacy strand which was ... I mean, it's interesting because my mom abused her whole life.

As Mia explained, her sister was blaming her for shortcomings and her suicide attempt. However, Mia felt differently and explained that her sister had lingering effects of their mother's abusiveness. Mia continued with conversation:

I think I told her she needs to learn to put it behind her, not blame our parents for everything. I don't think I was mean about it. I just said you need to stop blaming them, and I guess, suggesting taking some personal responsibility or just don't expect an apology or whatever. I don't know, we had gotten in a fight. I forget exactly why, and then, yeah, that happened. I spent about two weeks there in Boston, alone, not knowing anybody. My sister went to the hospital, and I was supposed to be continuously lying to my mom on the phone, 'Oh, she went to the library or something or she's in class.'

Mia wanted to support her sister who was having serious mental health challenges, but instead was blamed by her sister for her actions. It seemed her sister did not want to be accountable for her actions, wanted to blame someone for it, and eventually blamed Mia. Regardless, this theme had a severe impact on each participants' mental health during their first year at their college. In the next section of the findings, each participant will state why he or she sought professional assistance or not. The themes were influence by family and peers, affordability, and perceived stigma.

Thoughts and Previous Experiences of Mental Health Services

Each participant was asked during the interview if they sought help or not during their first year at their respective institution. Out of the 11 participants, only four had sought help during their first year, while the rest decided not to seek help due to other methods being available at the time. However, two of the participants would eventually seek help later in the academic careers. Before each participant answered this particular question, they were each asked about their thoughts or experiences about seeking help prior to enrolling into college. The reason why they were asked was to determine if there were any prejudices about seeking help. The following participants either sought assistance or knew someone they knew closely who had sought assistance for their mental health challenges were Emma, Charlotte, Emily, Mia, and Amelia while the rest of the participants had either a negative connotation, open-minded, never heard of seeking services. Emma explained her thoughts and experiences on seeking help as she mentioned that due to her comments made toward her parents, she had to seek assistance:

Yeah, I sort of had reservation because I had been sort of forced to hospitalization in 8th grade due to, like, some comments I had made that were concerned. My parents were concerned. I had to see a psychiatrist and things like that. So throughout high school, I was in and out of, like, counseling offices, therapy offices and it was just like, I don't want to ever do this again. Once I feel better, I am going to feel this way forever.

As Emma explained, she had to see a psychiatrist throughout her 8th grade and high school years, despite getting a sense that she did not want to attend these sessions. She made a promise to herself that once she starts to feel better, or least be more confident, about herself then she would not want to attend anymore sessions. However, that appears not to be the case later in the findings. Emily shared her experience of mental health services while in high school. Emily explained that before she enrolled into higher education, she had experienced severe anxiety and was forced to seek help from teachers and parents. However, it seems that her initial thoughts about seeking help were not yet established until she was told to seek it. She explained:

Yeah, in high school it was especially bad, I think that was like the worst of my anxiety. I had to go to therapy. It was pretty rough back then. But over time, I've tried to be more conscious of it. I've tried to be better at reaching out for help, because back in high school they kind of forced me to seek help. Then after that I kind of started reaching out myself.

Mia also shared her experiences of using mental health services while in high school. The first time Mia had sought assistance for help was when she was younger,

during her high school years. First, she shared an experience that her mother took her to a fake doctor and made her believe she was ill, which was not the case. However, the news of her dying was very traumatic to Mia's mental health that she was set up to meet with a therapist. Mia explained:

First time I actually ever received mental health help, I think ... There was a time my mom took me a fraudulent chiropractor, and she told me I was dying which would apparently ... After I got checked out by many different doctors, it was not true at all. She had told me I would be dead by the time I'm 20 or something like that. My spine is twisting, very severe scoliosis, which none of it was true apparently. I remember because of that; being told I was gonna die I had some sort of emotional episode at my high school. They sent me to a therapist there. She was completely not helpful to me. Also, I'm very distrustful of high school ... I'm distrustful of therapists for minors because minors don't necessarily know what they say...

Despite her challenges with her therapist and therapists in general, Mia still had an open-mind on seeking help. In fact, she said that she had no shame on seeking help, "I'm kind of at this point ... I don't have shame about asking for help. Like something is really fucked up with me; I need help."

Amelia thoughts about seeking assistance for her mental health seemed open-minded, in a way. She shared a story about her depression in high school due to her arm injury and not being as important to her lion dance team than before. She made the decision to seek help for her depression prior to coming to Western University:

I thought I would always ... Before I came here at Western, I knew that something was going on, because I remember senior year, I started having a lot of uncontrollable thoughts about doing well enough or being good enough. And I was like ... And I also was, I knew I was depressed for a lot of my senior year at high school. A lot of it was due to the arm-related experience, because once I had injured my arm, I was no longer able to do lion dance as well as I could've, because lion dance requires a lot of upper body strength, and I had lost half of it because I can't move an arm. That changed the dynamics of my team. I was no longer an asset. And so, I was just weirder. So, I remember that was a blow. But I remember thinking, between doing that ... As a high schooler about to go to Western, I was like, 'I'm getting it checked out, and I want to try going to therapy to see if it works.'

Charlotte shared her family's history of seeking services. Charlotte had knowledge of mental health services as her brother as often sought services for his challenges. However, she felt that she did not need but was supportive of her family seeking services. She explained:

I never felt too much anxiety in high school or like even depression. If anything, I was more of a supporter for my parents who were worried or like my brother because my older brother is mentally impaired and he's more prone to like mental health diseases because he's mentally impaired right now. So, he's like struggling with like the social issue of like not being like normal, so they're more prone to,

or not to say they're more prone to but like they've gone through it in more than I have, and I have more experience with supporting them through that.

Although the following participants did not have prior experiences on seeking help, they each were open-minded about seeking help. Olivia and Jocelyn each were open-minded on seeking help before enrolling into higher-education but did not seek help prior to enrolling into higher education. Jocelyn explained although she was open-minded to seek assistance, she thought that the services were too expensive for her:

I've always thought about it. I think it was always in the back of my mind, maybe starting senior year. But it was kind of not an option at first, because of how expensive therapy can be. So that was something I thought of but never really went out of my way to research extensively as much as I did here in a way.

Private practices always have that idea of, 'Oh you pay hundreds for an hour.'

Yeah maybe that's not in my budget right now, so I never really thought about it.

Olivia provided a short but simple answer to the question as being open-minded and never had any second-thoughts to seek help, "I don't think I've been too much into it, but I knew it wasn't hard for me to seek out counseling or something on campus and look for those resources. I was definitely open to it."

Although most of the participants either experienced mental health services prior to enrolling into higher education or at least open-minded to it, there were some that were not as high on seeking help due to a number of reasons. Daniel, Sophia, Ava, and Evelyn each had their reason for not wanting to seek help that ranged from stigma to unaware. Daniel his feelings about seeking help as he was more cautious yet open-minded. He

explained that he had a close friend of his seek help when she needed it and how it really helped her, but he was not a fan of the system of the services itself.

Yes, my view of seeking treatment was very positive. My view of the system was not. A lot of her opinions, as someone who'd gone through it, influenced me.

Hospitals, I was very against. I understand these people are trying to help, I also understand, through NAMI, this is really important that people get specialized care, specialized people and specialized institutions, but deinstitutionalization and money and the system, you're in and out and keep coming back, all those things I had a negative view of. Going to a therapist, it's just a lot of money, I guess, it's sort of just money. I thought therapists were really benign. Obviously, there were some that were just bad. I thought that, obviously, to get better utilizing therapy is incredibly important.

The fact that the services cost a lot of money and the industry being considered to be big business really turned Daniel off on seeking help, although he admitted that he thought he didn't need it at the time despite feeling symptoms of depression. He explained:

I never thought that I really needed help. There was obviously times where I had been very sad, sort of low-key depressed, but it was never for an extended period of time inhibiting my functioning, until I started to realize that it was. I think that I was not as reluctant to seek stuff as I was reluctant to label myself that way.

As for Ava, she had a negative connotation about seeking help while in growing up. She shared her thoughts about the stigma that came with seeking help. She lived in an

environment where it was not talked about because it was not a real issue for them, it was seen as a form of weakness if someone sought help, and was not well educated about seeking, even though Ava had a parent who was experiencing severe mental health challenges at the time. Ava explained:

Well, this is just generally speaking. This is just my opinion. In the African American community, mental health isn't taken as seriously as it is in, I would say, our like counterparts. A lot of the times mental health and those things are seen as a weakness and kind of fabricated. A lot of people in the African American community don't see it as a real issue though. You know I grew up with my mom, she has severe chronic anxiety disorder. She's actually in a psychiatric hospital right now. Growing up, I saw it around, but nobody ever talked about it. Nobody ever said, 'It's a real issue.' I never understood it until I got older, and I really saw ... I didn't even think mental health was a serious issue until I got to college almost. I had to experience anxiety and depression myself. Prior to college, I had absolutely no real idea of what mental health looked like, especially in the African American community.

Ava never really understood about mental health, as evident in her answer. She thought that mental health would be something that she would physically see but as she got older she learned that it is not the case. She then explained that she was ignorant about the mental health but inadvertently. She also said that mental health should be taught in schools similarly to sex education:

I think a lot of the times mental health comes in so many different shapes and forms. I mean, people are really ignorant to it, and I have to admit that I was ignorant to it before until I had to experience it personally. That's my stance on it. I think that people really have to see it for themselves to really understand what it is. Also, the lack of education in like grade school and in high school and in all those other things. They have sex education. They have all this other stuff, but I think mental health is something that us, as a society, we really turn a deaf ear to and a blind eye to.

Evelyn was asked about her initial thoughts about seeking help prior to coming to college and also had a negative connotation about seeking help. She explained that in her community it was not normal to seek it and had a stigma attached it. That stigma was that if you were to sought help then something was really wrong with you. This stemmed from her parents' struggles when she was a child. She explained:

I think the reason why it wasn't normal for me it was because it was like, it always had to do something with like, there was something wrong with you or like it has to do with social services or social, like why you were in a situation where you would need a counselor. When I was in school, when I was in elementary school counselor or something like that at the school, like two times because it was around the time my parents got divorced or separated. And so I was like, I know this is bad because I'm seeing this woman, you know? And so I think that's where I shaped that because then I remember after we went to like a family session and I was like, oh, it's bad to be here. Like I knew was about to be here because it had

to do with social services. Um, I had a negative connotation or like of what I meant to have counseling.

Although most participants had experiences or shared their thoughts about seeking services, Sophia was unaware of these services existing. When she had migrated to the U.S., Sophia had to survive on her own while taking care of her younger sibling. She mentioned that she felt that she could handle the pressure, but never realized that she could get help along the way. She explained:

For me, I felt that it was something that I could control myself. I didn't really know there were resources out there. Because I never had mental issues to the point where I needed to take medication, but I have brought in a lot of anxiety and that has led me to not very healthy habits, such as grinding my teeth or just being really stressed and just losing it sometimes.

As the description here shows, the answers were mixed. Some had previous experiences with mental health services, did not seek help but either an open-mind or stigma about seeking help, or were unaware of the services. Despite these answers, each participant would make an important decision on how to cope with their mental health challenges – either to seek or find alternatives to help them through their mental health challenges.

Participants Who Sought Assistance

The following participants sought assistance during their first year in college after experiencing anxiety and depression were Emma, Olivia, Jocelyn, and Mia. Each participant had their own influence on why they decided to seek help that ranged from

friends and family to self-realization. Before each participant decided to eventually seek help, they each wanted to try and cope with it in a different manner. Emma explained that she is an artist and tried to cope with her depression by expressing her feelings by painting. She further elaborated by stating:

I'm an artist. I started making a lot of new art work. All of my hurt and pain turned into passion through my art. I made a lot of pieces, started up a small business and things like that, online at least. And that helped a little bit, but at the same time it was just me masking how I was really feeling so not really dealing with it. I also took some meditation classes, and although it was working, it was kind expensive, so I stopped. That's pretty much it. I took walks around but only in at the, like, in the morning.

After having a conversation with her partner, Emma decided to seek help from on campus services and would eventually seek additional support off campus. Emma explained that due to the campus' five free sessions, she decided to take their offer and visit their counseling center. Emma explained:

My partner, she told me that it would be a good idea that I see somebody. My methods of trying to deal with it myself wasn't working as well, as I thought they would. And so, one day I walked into the counseling center and... It was actually my RA who told me that I have five free sessions with any counselor of my choosing, and it can be any time in the semester and I was like, 'Okay I don't have to pay for it and I going to go in.' So, I went to the health center and I first

saw someone at counseling and psychological services and she really helped me open my eyes at the health center and the benefits that it has.

After that I found a social worker who is more equipped to deal with what I was dealing with. Because she specifically works with, like, PTSD students, and so, that helped me out tremendously and I still go to the same center regularly. I take medication now. It was very costly, but worthwhile experience. Given the nature what I've gone through and me waiting for so long.

Emma would continue her counseling services with an off campus specialist that also helped individuals with post-traumatic stress disorder (PTSD). Although it is more expensive than expected, but the experience for Emma was worth it. While speaking with Emma about her experiences with the services, it seemed that she was in a much better place in her young life. There was a sense of relief from her when she finally sought the right counselor for her challenges.

Olivia decided to seek assistance after her own method of coping it with was not enough. She decided to ask her friends for help. She admitted that it was difficult for her to express her feelings to her friends during her first year in college. She would try to have a conversation with them about her feelings and concerns but felt that they were not as interested on speaking about the topic at hand. She initially spoke with a roommate about the services her campus has to offer but felt she could do it on her own. However, after speaking some time in a Rotary club with white students, she decided that she could no longer deal with her anxiety on her own:

I would talk to a few friends about it. I think what was hard, me opening up my freshman year, about it to some people who I consider friends at the time, they just didn't really say much. I would tell them about what's going on, and I don't know. I forget what they said, or maybe they didn't say much, but I definitely didn't feel supported. So, from that, I would just shut myself away from people, too. I wouldn't wanna open up to them 'cause I didn't feel like they were supported. Then, yeah, it was weird. It was a lot of that.

My roommate was was telling me about mental health and all that stuff, those resources, because I was in Rotaract. Rotary, they're known for community service and being successful people, but they still give back. Anyways, at my school it was really competencies to get into Rotaract. You had to interview and everything among a panel of current Rotaracts, and then you're told to be super professional and everything. Anyways, I got in my freshman year. But then soon after started realizing everyone was white and I felt really weird about that. It was just super social anxiety every Tuesday, before having to go into that student organization. Then it just got to the point where it was too much. I would cry before going in and stuff like that.

Then my roommate was just like, 'Well, if you feel like your mental health is not doing well, why stay in it?' But I knew I wanted to stay in it because of the networking and all the people who were doing big things. But then, I realized, 'Well, if I'm not even feeling comfortable enough to talk to these people and make these connections, why stay in it?' 'Cause if it was another organization

where I didn't feel connected, I would not continue going to their meetings and stuff like that. But I think it was my roommate that started getting more thoughts about getting help into my head, 'cause she had depression and stuff in high school. But it was just really weird, because I had opened up to her about what was going on and my feelings of depression and everything. She had actually told me to go to counseling to get it checked out, or she invited me to, or something like that, to see a different counselor to see whom a better fit was.

As Olivia explained, it took her a while to seek help as she was very busy to seek it. She was a part of a prestigious club on campus and wanted to connect with as many people as possible, but that was not the case. Her roommate asked her fair questions about her mental health and choosing to be in the club. Olivia thought that she should take her roommate's advice and seek help, and Olivia eventually did during her first year in college. She used on campus services throughout her first year in college, but would eventually connect with an off campus, private counselor.

Jocelyn was also influenced by her peers after experiencing a mental breakdown while attending a session at the school's career center. Prior to seeking professional assistance, Jocelyn explained she tried to cope with her mental health challenges by trying other methods. Jocelyn explained:

Yeah. Kind of. If I had those instances where I broke down a little bit and my roommate was there she'd say, 'What's up, you want to talk about it?' I would open up, so that helped a lot. I think I did have that build up on my own. I remember I didn't really start talking too much either, so there is that aspect. But

before I took steps I'm trying to think of what I actually... I kind of let myself flounder. Not the healthiest thing in the world, but I did just kind of deal with it. Oh, I'd go to the gym sometimes. That was a temporary relief. Cardio kickboxing classes. I would do that or just kind of run. Definitely. And then I would distract myself by - I don't know what I did maybe watch YouTube or something that wasn't productive but got my mind off it.

Jocelyn had already established a support system with her roommates and dormitory area. She had also tried to exercise as much as possible at the school's gym. She joined a cardio kickboxing program. Although it helped her temporarily, she decided to no longer attend it. Another coping mechanism she would try to do was to keep her mind occupied. She would go online and watch videos and other activities, so she would no longer feel depressed. However, her methods were ineffective as she had a breakdown while attending a session at the school's career center. Jocelyn explained:

Of the first semester I went to career counseling. I was still trying to figure out what I wanted to major in and I didn't know what I wanted to study so I went to career counseling. But that kind of opened a can of worms. So, then I broke down again so that's when I realized maybe I should talk to someone, not just career counseling, but counseling. I didn't actually go until second semester. And I'm trying to remember why I went. I don't think it was because I was so down, it was probably like a mid-point where maybe it's a good place to start going.

Jocelyn initially thought she needed counseling about her career path, as she visited the career center during her first term at Cal. However, she experienced a

breakdown during her services and realized that she needs more than just career counseling, as she needed counseling for her mental health challenges. She explained she attended the Western University's health center and was using her five free counseling sessions. As she was nearing the fifth session, she wanted to continue with the services but with a private counselor. She explains:

It was my last session... I don't think I maxed out per se, but the counselor that I was consistently seeing for four, maybe five, maybe it was five, I don't quite remember. But he would reach out and say, 'Did you want another session?'

Yeah, he referred me to outside resources and helped me with that. That was end of Spring Semester, so I reached out to one off campus, private track-based therapist, but I didn't really continue to reach out. Once he replied to me, I feel really bad, I didn't reply. Probably due to the fact that it was the end of the spring term, finals, and I was feeling a little bit better.

Although Jocelyn has recently ended her counseling services due to timing and affordability, Jocelyn continued to visit on campus counseling until her counselor had referred her to an off campus private counseling office. However, she found a community-based resource to continue with her counseling and seemed to have enjoyed until she decided to no longer use it due to time constraints.

As previously explained, Mia was using services during her high school years due to the mental abuse from her mother, especially when she had told her she was seriously ill. After seeking help from a therapist, she did not enjoy her experiences. Prior to seeking

help while in college, she attempted to cope with it by doing early morning exercises and try to stick to the routine. Mia explained:

Before my depression really hit, I was trying really hard to be healthy, so I would go to yoga here every morning at 6 AM ... at the whatever, the Arc, RSF (school gym). Yeah, I was running there in the morning. I was doing all these things, but at some point, the depression was ... It wasn't really working. In terms of exercise, I didn't try.

When Mia attended Western University, she was able to use the resources on campus. She explained the services were helpful, despite not using all of the services available. Despite her positive and negative experiences with the professional assistance, she has the courage to ask for help when needed. She expressed gratitude to a counselor that helped her continuously throughout her academic career at Western. She started to feel confident about seeking help when she needed.

I'm kind of at this point ... I don't have shame about asking for help. Like something is really fucked up with me; I need help. I would go to Urgent Care, like I said, sometimes it wasn't very helpful, but it wasn't until, probably, Gloria that I had continued ... The first time I had good therapy with one person continuously. And, that made a big difference.

Each of these participants attempted to cope with their mental health challenges on their own by way of exercising or communicating with friends. However, they all reached a breaking point where they had wanted to seek help after being influenced by a family member, partner, or friends. Each participant would have a positive experience

with the support from these counseling centers. However, there were some participants who admitted that they took a bit longer to seek help for different reasons.

Participants Whom Eventually Sought Assistance

Daniel, Evelyn, and Amelia did not initially seek professional assistance during their first year in college, but each would eventually seek assistance after their own coping methods were unsuccessful. Despite his concerns about the business of mental health and health services in general, Daniel decided to seek help after he was unable to cope with his condition on his own. Daniel was trying to cope with his mental health challenges by sticking to a routine. A routine that would help his mind not experience anxiety or depression. Daniel explained:

There was definitely a large part of time where I was just oscillating. I would be very happy some weeks and I would be like, 'I can do this.' I would be more productive. I always had these new rules, I was like, 'I'm gonna change this about my life. I'm gonna stop doing this,' and those never stuck basically. I think that's partly myself, but it's probably because in the next wave, going down would come. Those things would all sort of fade into the sand, get knocked down.

What's that side take? Implementing rules in my life. There were definitely times where I'm like, 'I need to go out and make friends right now. I need to go and do this. I need to go out and talk to just people around. I need to go to my GSI's. I need to go to office hours.' Because I came to the conclusion that Western does not care. I'm like, 'Well, I have to do this. The only option is I just have to care more. I have to work through the system, just wade through all the bullshit.'

There was a sense of frustration from Daniel when he stated he decided to seek help. He stated that he wanted to keep his mind focused and make new friends but decided that was not enough. In a way, he felt defeated and decided to seek help despite his negative connotation about having to pay for it.

I mean, I think that I really did try, and I was simply not good enough at it. My final conclusion on actually decide to go to a therapist was... It's not that I'm not doing nothing, it's that I need to face the reality that I've been unsuccessful. I guess I need professional help.

Daniel would continue to explain his ordeals with his family and friends and his decision to seek help. After having an uneventful winter break, he decided that the professional help would benefit him more than trying to cope with it on his own. He continued to share his experiences:

At what point did I decide to seek assistance? I would say this winter break. I had gone through three semesters at Western. This winter break was really bad. I those relationship issues that destabilized me just a little bit and then I went home and ... I don't have a great relationship with my family and it's not like a mean relationship, but I really want them to be something more to me, support me more and I just haven't been able to get that where I want it to be. So, I was living there. I wasn't working over break, I would just be at home. My sleep schedule was awful.

There was this one video, it was like, 'What Eight Things Not to Do if You Want to Be Happy,' or something. He was like, 'If you think about the negative, like the

other side of things, you can see what bad habits you're doing better.' I was doing all of those, avoiding social contact, staying up way too late, I was smoking too much, I was doing too many drugs basically. I ended up coming back to Western early because I was so unhappy, I couldn't handle it. I really made the decision right then. I was just like, 'I need some other help.'

After realizing he needed mental health assistance, Daniel took it upon himself to return to Western University early from his winter break and decided to visit the school mental health services and would eventually make an appointment to meet with a private therapist. He was skeptical about the services and had his doubts but decided that he needed to do it now or never. He eventually wants to find a peace of mind. He explained:

I just called Kaiser in the last two weeks and I have an appointment in five or four days. That's gonna be the preliminary appointment then they're gonna try and get me to a therapist. This is all happening right now I guess. It's sort of a slow process. I've never done it. I talked, and she was so alarmed that I'm like, 'I'm gonna try and get a therapist.' I had to ask for my freaking insurance information. I told her the truth and then she just didn't help, like again, she was very concerned. I'm just like ... So, I haven't literally seen a therapist yet. I'm going to, and I think I'm gonna try and keep that up for at least awhile because I feel like it would take six months minimum to expect anything. I don't know if it will. Honestly, I'm not super hopeful for it. I'm hopeful that they will change things because there will be someone else to bounce stuff off of and they'll be telling me, Go do this. I assume they're going to be like, cognitive behavioral therapy, 'Go do

it.' I think those things will be improved, but these questions like motivation or finding what I want to do, any reason basically to live, I don't really think they're gonna be able to give me that. I don't think that I'm going to find an answer. I'm eventually just going to be like, 'Well, I'm living now so why not try harder.' Then, eventually, 'I'll try a little harder than this.'

Although Daniel was very uncertain about his pending therapy sessions, he went forward on setting up the appointment to meet with a private counselor. Evelyn also sought assistance after her coping methods were unsuccessful. While in high school, Evelyn knew something was wrong with her mental health but could not identify what it was and began ignored it until she started to realize that she was showing symptoms of anxiety and depression during her first year at Western University. Evelyn attempted to cope with her anxiety and depression by talking to her friends and exercising as much as possible.

I was like running a lot, like excessively and like exercising excessively with my best friend, who would be, were training for like half marathons and stuff like that. And I think that that's what took my head off of it. Like that's how I managed by doing the things that I could control.

Despite her efforts on trying to cope with her anxiety and depression during her first and second years at Western University, Evelyn's challenges were becoming more apparent by the start of her third-year in college. She admitted that continued to ignore her mental health challenges as she felt she did not have time to deal with it and tried to keep her mind busy by taking on more responsibility. However, she noticed that her

temper was very short and would often snap at her family members for no reason. It wasn't until her best friend was diagnosed with ADHD that Evelyn realized that maybe she should be seeking help for her own mental health challenges. Evelyn stated:

I remember that was the first time I had ever learned about like what those meant, what it meant to have that or you know, how do I educate myself on what ADHD means? And how do I need to be there? How do I show up for my friend and hold space for her? How do I ask for things, right? How do I be patient about certain things? So, that's when I started having those conversations. I think she was my inspiration, my push to seek therapy because she started doing therapy before I did, which was the year before.

Evelyn admitted that she was unaware of what it meant to have ADHD let alone on how to support her friend. She began to question her ability to support her friends and herself. Evelyn eventually met with an on campus therapist toward the end of her second-year in college and wanted to talk to them about her challenges and ask if she can do a reduced course load. During her sessions, however, she received news from her therapist that became unsettling to Evelyn. Evelyn stated:

I told my therapist I wanted to see on seek therapy because, you know, I just want to unpack it, certain things I want to prepare so that when I go back home I can continue to show love and like be more like loving towards my family and my siblings because I'm the second oldest of seven siblings. And I told her that I wanted to do reduce course load. But for me it was just, I was trying to figure out how to do reduced course load. Right. And then at the end of that summer she

checked in on me again and she said, she told me, she's like, 'I know you came in for this and like I didn't know how to tell you because I don't want you to feel like I was just, I just like, like analyze, you know, and just telling you this like. But all of the sessions we've been having,' she assessed me basically and said, 'You have anxiety and ADHD.' And she said, and so when I heard it, I was like, it wasn't surprising because if I'd have had conversations around ADHD with my best friend and anxiety, but it was just to hear them, I was just like, 'Wow.' And I remember tearing, like crying because it was the anger, the fact that I could've graduated after four years at this institution and not known this about myself and blaming me for not being able to perform at this institution or whatever it meant to successfully perform here.

After Evelyn had explained this to me, she began to cry. I asked her if she wanted to stop the interview, but she did not as she only needed a moment to gather her thoughts. It seemed Evelyn was upset at herself for not seeking professional assistance earlier in her academic career. In a way, she seemed to have regretted not going sooner. She said that she could have been diagnosed with her condition sooner and tried to work with the institution on accommodating her needs during her years at Western University. She would eventually stop seeing her therapist and connected with the school's disability program that would accommodate her until she graduates from Western University.

As for Amelia, she tried to cope with her mental health challenges on her own until the second-year of her undergraduate program at Western University. In her first year, she stated would write her thoughts and feelings on a journal and would draw

comics as well. In addition, she would go out for a run and hike her way around the city.

She stated:

Well, I would journal about it. Journaling vent it helps me a lot. I'd draw. I draw comics. I used to draw a lot of comics. The comics weren't exactly about my mental health. They were about ... They were about just things that I experienced in the Bay Area. I remember when I was really lonely and anxious, I made a small book about interactions I had in the Bay Area. And then I finished it and colored it, and I sent it to my friends. And I remember ... And they read it. I sent it back to Florida. They read it. They wrote back. They were like, 'Amelia, this is really cool.' And that was awesome.

And I remember I would run. I would run, which is something I still do. So, what I would do is just go to a different part of the city, turn off my phone, get completely lost, and then focus all my energy into trying to walk back, figure out where I am. And by that, I take some of my brain off of the things that I'm experiencing anxiety about or I experienced anxiety about, because this is the past, and then I would hike to just get away from everything.

Amelia would try to cope with her challenges by not only journaling, hiking, and running, but also with friends. She had this good support system in place until her friends told her that they could no longer provide her the support. Amelia stated:

I would talk it out with friends. But talking to friends worked to a certain point, because after a certain point, my friends were like, 'You complain too much.'

And they were like ... They weren't helping. I remember one of my friends called

me useless during one of the conversations that we had. And he was the lion dance team captain. So, one of the things that I know, I had mentioned to that particular set of friends was the intense hatred I have of being called useless. It's something that's been rubbed in by my family. And being called useless is probably the biggest insult to me. I don't care about being ... Well, it was the biggest insult to me at that time. It was basically ... Because a lot of the stuff that my family would use against me were related to my ability. And the whole shoulder injury. The whole shoulder injury had made me unable. And ability ... So, a lot of the stuff that I would do is to prove my ability and to not be useless. And so, after he called me, after my friends called me useless, I was very upset. And I talked it out through some people.

As Amelia started to talk to other people about her challenges, she was avoiding seeking help for three reasons. The first reason is because she thought she could handle it by herself, the second reason was because she felt it would interrupt her ambitious goals, and the last reason was due to her family's superstitious outlook about her. Amelia stated:

But my first year, I don't think I sought help. Yeah, my first year, I was like, 'I can handle it. If I discipline myself well enough, I can handle this. It's going to be great.' I have a different outlook on it now, but back then, that was the way I felt. There was actually one more thing, which was really, really ... It's very relevant to the way I acted my first year and this whole ambitious goal setting thing. That affected my decision to not pursue mental health. I don't know if my family was superstitious or not, but my extended family and my close family had this belief,

had reinforced this concept that I would die or basically have my life nearly end at like age 19 and then become really successful. So that meant a lot of people in my family were wanting me to make a lot of money when I graduate, but also almost nearly dying at 19. That's really weird.

I remember feeling back then that I would rather die, I would rather die of exhaustion or illness or whatever happened to me at age 19 than be their pawn or just be tied to them and continuously having to prove to them that I'm not absolutely useless. So, I overworked myself during that time. And I think the defiance of that weird prophecy was probably a reason why I would not pursue mental health, because there's no point in preserving someone who's going to die. So, I was like, 'I am ...' So, I was like, 'I'm going to deliberately cause my own demise.' And I know that looking back that was really unhealthy, but I was like, 'I'm going to cause my own demise, at least to their, so it looks like I've completely stopped existing on their end so that they'll just forget about all of this and it'll just be me here on my own. And even though I'll be on my own, at least I'm no longer being controlled or no longer being emotionally manipulated so I have to continuously prove that I'm worth it.' So yeah. That was a really ... That's a big factor actually in the decision to not pursue my mental health. And I almost forgot to mention it completely.

Despite her efforts and being superstitious, she would eventually seek help after her first year at Western University. She sought help due to her anxiety levels going higher due to a number of reasons that included academic performance, not connecting

with others on campus, and a fallout with her lion dance community. Unfortunately, her anxiety then led to depression and that's when she decided to seek therapy. She stated:

I started going to ... I started a year after. And it was anxiety related to just doing well in school. I felt like I wasn't doing enough. I was really ambitious. I still am, still very ambitious. But I always felt super inadequate, and I felt like a lot of people would be like, 'Oh, you're really interesting,' and have a lot of acquaintances, but no one really wanted to, like I never connected really on a close level with anyone. And the people that I did connect with, I had ... This is even a problem now. I'm not sure if I should mention now. But I do connect with people, but some of the people that I am connected with, I actually don't like them that much. The thing is like, they're not bad people. It's just that out of the 40,000 students or so that I could be hanging out with Western, I've been meeting really strange people. And they're nice. It's just that this was not the kind of people that I was trying to, going to associate myself with. And I believe to an extent that the people you hang out with, that you associate with eventually influence who you are as a person.

So, this might be anxiety, but if I am a person who's associating myself with these really strange people whose behavior I don't exactly approve of, then what does that say of me? Yeah. I mean, on one hand, tolerance of other types of people. But on the other hand, where do you draw the line? So, there was that. That was something. And then the whole falling out with the lion dance community, which was almost completely about ability, that was something ... That was actually the

main reason I went to therapy for, not even anxiety. It was supposedly just about ... It was like the whole ... So that whole falling out of lion dance had caused some depression about myself worth because lion dance had defined myself worth until that point. And so, I went to therapy initially for that, but the issues changed, and I ended up going to therapy for a much different reason. I ended up going to therapy because of trauma later on. But yeah.

Participants Whom Did Not Seek Assistance

Ava, Charlotte, Emily, and Sophia all decided not to seek professional assistance for many reasons and decided to seek alternatives to cope with their mental health challenges. The alternatives that were used ranged from going to church to talking with family and friends. Similar to the previous participants, each of these participants were asked on what steps they took to cope with their mental health challenges. At the time of the interview, each participant stated that they are still using their own method as it has been working. The steps that Ava took before deciding if she wanted to seek help or not was self-care. Ava stated:

Definitely self-care. That's so important. Before, I was eating, but I wasn't really paying attention to when I would eat. I was taking care of myself, but I was sleeping all the time. I wouldn't get out of bed. Once my friends started bringing it to my attention like, 'We don't see you anymore,' so what I really did was made a schedule for myself. Like, 'You've been in the bed for an hour, maybe it's time to get up and go out. The best thing for you right now is just be around friends.' Just really just giving that extra push in being cognizant of, 'Okay, I'm going through

depression.’ You have to understand that it's something that you're going through before you can take steps. Definitely me acknowledging like, ‘Okay, this is happening, so you need to take further steps.’ I would definitely say the major thing I did was just acknowledge the fact that I was going through a depression almost.

When asked if she sought professional mental health assistance, she said no. However, while she was going for her routine prenatal check-up, her doctor confirmed with her that she was showing signs of depression. Ava stated:

I didn't seek professional assistance regarding my depression and anxiety, but when I finally seek medical assessment for me being pregnant with my daughter, that's included. I mean, I didn't do it ... It wasn't voluntary. I can't say I wanted to seek mental health assistance voluntarily but thank God when you are pregnant, and you do go, that's automatic when they assess you. I guess it was kind of coincidental honestly.

Although she didn't seek professional assistance, Ava's faith in religion led to her find alternatives to cope with her mental health challenges. Ava admitted she was not keen on going to church prior to becoming an adult. However, as she got older and started to learn more about her Christianity she began to attend church on a consistent basis. Ava explained:

I can't leave out the fact that my religion can be a major part in mental health crises. I'm a Christian, so a lot of the time ... Sometimes you're a Christian because your parents are a Christian and everything, so you're kind of forced into

that. I mean, you just do it because your parents tell you to. Definitely I'm grateful that they dragged me to church when I didn't want to go, because a lot of those principles and those morals they really stuck with me. Now that I'm getting older, I can rely on my faith for myself. That was really a major part of me overcoming a lot of obstacles is definitely my faith and my relationship with God. That was really the main, main thing that really got me through it honestly.

As Ava expressed her gratefulness for her religion and how it has helped her overcome her mental challenges, Charlotte took a different approach to coping with her mental health challenges. As previously explained, she had a sibling attend mental health services for his challenges and was fully aware of the benefits of said services. However, prior to finding an alternative, she did not seek help as she had first as had a support system among her friends. She also stated that when she had initially arrived at Western University, she noticed that the campus was slowly starting to realize the severity of mental health challenges among its students as the campus started to advertise services on campus. Charlotte stated:

I'm coming to Western. I was like, kind of confronted with like all the mental health stuff they have here, which I thought was pretty cool, but I was like, yeah, I'll never use it. Like I understand like why it's there. And I was like, yeah, like, 'You go Western! You do that!' And then when I started taking chemistry and all these stem courses that were like bad mid-term scores, bad mid-term scores, I was like, 'Maybe I need more than just talking to my friends.'

As Charlotte stated, although she was aware of the services she felt she did not need it at the time, despite her mental health slowly becoming a challenge to her while taking a chemistry course. After realizing that she needed help, she decided to research what services were available. While researching counseling services, Charlotte was referred by her friend for a peer-to-peer counseling program on campus. Rather than speaking with a professional counselor, this program allowed to have students speak with other students who had experience similar challenges as them. Charlotte explained:

I didn't really seek out counselors per se, but there's is this club called SSPC, which is a student to student peer counseling. Yeah, it's anonymous peer counseling. I met one friend in there who's an officer, I believe for SSPC. She told me about it and I was like, 'OK, that's so cool. You go!' I thought I'd never use it. Then I actually went in went in and I was kind of anxious just to go in because I was just like, what if my friends see me or do I really want to talk to her (the peer adviser) about my issues when I'm like not that super close to her.

Prior to going to the peer advising office, Charlotte presented signs of stigma of seeking help. She was very worried that her friends may notice that she sought help and did not trust the person she would talk to about her mental health challenges. She was also afraid that the peer adviser that she would connect with would be someone she knew. However, after going in and requesting to see a peer adviser, it was someone new and that started her assurance that it would be a great experience with the peer-to-peer advising. She stated:

I felt a little bit more supportive or like supported by her, the person that was on duty. I guess it's like that weird phenomenon where you can tell a stranger a lot more things about you than you can like to a close friend because they don't have that same like, oh, I know you at this level. So, their judgment of you doesn't change because it's already there on the table. And I guess that's kind of what I needed at the time.

Charlotte also provided other alternatives that she used in addition to using the schools peer-to-peer counseling. She said that she did dancing classes as well as talking to her friends. When she and her friends talk to each, they would built each other's confidence up so they would feel. Charlotte explained:

Dance is pretty great. it's not just like talking about them, about my grades and being like. And then like both of us being like it's actually like talking and like being like I guess like the term that a lot of people use, like in social studies it's like it's a wholesome relationship. Like we'll build each other up instead of just being like, yeah, we'll just wallow in like failures together. Like we'll be like, 'No, you're a really good student,' like Western has set measures that like don't take into account like all the things you're going through or like all the academic rigor you've put into this like tests are..., 'Test don't define you, like you're an amazing individual who has like done all these things and yeah,' it's kind of like positive reinforcement and we toss it back in each other. I'm really grateful for those relationships.

I feel like peer advising is a really good resource, but they can only do so much. Like they don't know you well enough to be, to like give back that positivity. They can just listen and then they give you... Like acknowledgement, which is sometimes what you need. I guess for me like as a person who like thrives on like just making relationships that are meaningful. Like having people like that in my life support me through my struggles a lot more better than just going to a peer counseling.

As Charlotte was further establishing her support system with her friends, Emily was also reliant on her friends and family to support her. Before she decided if she wanted professional assistance or not, Emily withdrew from the clubs that she committed to. Charlotte further elaborated by stating:

So, what I did for that was, I started to realize that maybe I shouldn't have taken on so many responsibilities and so many things on plate. I kind of dropped a few of the organizations I was a part of. These were ones that I wasn't really engaged in, in the first place, because I think that at the beginning of fall semester, I just wanted to join all of these things, just to say that I joined them. I wasn't really interested in them, so I think that was a big mistake on my part. So, I dropped the ones that I didn't have much interest in and I tried to focus more on my studies, tried to focus more on the two organizations that I was really passionate about. I'm part of this new rap lab that I really like and then also part of the Pilipino Academic Services Club, I'm still a part of that. I'm glad I dropped those because I feel like I really cleared up my plate.

Emily was relieved when she was able to drop out from some clubs she had committed to as she felt she was stretching herself too much by overcommitting. She only stayed in important clubs that she said would benefit from the most. Also, by dropping out it gave her more time to speak with her family and friends as she felt that the lack of communication with them hampered with her mental health. She stated:

I dropped all of those organizations I had more time to talk to my friends, had more time to socialize with people. It really helped me to call my mom every day. Initially, I wasn't calling her as often as I wanted to, because I was so busy with everything else, but once I had the time to and once I got the opportunity to talk to her more often, that really helped me reign in my anxiety and such.

Emily was considering about using the campus' mental health services but decided against it as she felt her support system was stronger than before and had to put in a lot of work to get the counseling services she needed. She felt that students have to go through some obstacles to see a counselor on campus. Emily explained:

I've been meaning to do that, but I haven't had the time because I think you have to make a phone call first before you can actually have a counseling session. I think that was one of the things that prevented me from seeing out that help. So, that's why I kind of turned to my mom and turned to my friends, for help in that regard. It was really, I didn't really want to go through the process of calling and then waiting to schedule and such.

Sophia was unaware that there were mental health services were available for her to use but felt that she could handle her mental health challenges by herself. When asked

how she was coping with her challenges prior to deciding if she sought professional assistance or not, she took care of herself, similarly to Ava and Emily, by eating right and not taking on so much responsibility on campus. Sophia explained:

There's not a specific method. I would say that I decided to give myself more space. For example, my classes, my extracurriculars, everything would always be back-to-back. I wouldn't really have time to eat. I would eat in class. So, it was a very intense routine and I never really had that time to reflect on my performance. It was more like, 'Next event. All right, done.' And then moving on to the next one. So really giving myself that alone time. Giving time to reflect. And really impoverish as a person and just change my habits. Yeah, if you take 30 minutes just to eat lunch, that's a nice break. An amazing break.

The small things that Sophia had changed in her daily routine really helped her a lot, from a mental health standpoint. As she said, taking a 30-minute lunch break will, mentally, go a long way for her during her busy days as an undergraduate. She also said that she would space out a lot of her work and extra-curricular activities to give herself some breathing room. When asked if she sought assistance, she found an alternative to coping with her mental health challenges as one of her professors was also a yoga instructor at a local Buddhist center. Sophia said:

Professional assistance, I never really sought. But I did meet this professor through one of my Spanish classes and she teaches meditation and yoga at a Buddhist center. She's a very spiritual person, and even though I never attended her classes because I had class-conflict schedules, she taught me a lot of breathing

strategies and gave me, for example, good teas to relax. She thought I could drink, or some basic yoga positions. Really felt that I could just do one more to improve my health. So, I thought that that was really nice. Because I never really asked for it, but I guess that she realized that I would always be really stressed, so she would just bring it along to me.

Sophia was also consuming herbal teas as it would sooth her spirit and eventually her mental health. Regardless of what types of alternatives each participant did to cope with their anxiety and depression, each did think about seeking professional assistance but decided to stick to their alternative methods as they feel more comfortable on doing. However, it remains to be seen if they would stick to their methods or eventually sought professional assistance later in their academic lives.

Findings Related to Research Questions

Research question one asked about factors that contributed to a student's mental health challenges while attending a four-year public institution. Each participant provided examples that led to their anxiety and depression to develop and escalate and those were pressure from school, family, and themselves; transition and adjustment challenges; and, relationship challenges that included roommates, family, and friends. Each participant had experienced more than one of these themes within their first year in college. While some participants' anxiety and depression developed during their first year in college, some participants had previous challenges with mental health and these challenges escalated their anxiety and depression.

The second research question focused on influences that contributed to a student's decision to seek or not seek professional assistance. The results were varying, but most of the participants sought professional assistance whether during their first year in college or eventually, while some decided to try alternatives. Participants who sought assistance were influenced by family, friends, and classmates. Although some had experienced stigma of seeking help during their first year in college, they eventually sought assistance after realizing that their way of coping with the challenges was not working.

Discussion

After comparing the literature reviews about factors that contributed to a student's anxiety and depression and the findings from the data, there were two common themes. Those themes were transition to higher education and academic pressure. Many of the participants had challenges transitioning to their respective university as they came from a smaller school (high school or community college) and the environment was fast-paced, highly competitive, and, for some, not as diverse as they thought it would be. Morton et al. (2014) study about mental health and transition to higher education suggested that students with high levels of optimism and self-efficiency show lower signs of mental health stress. However, after interviewing and analyzing the data from the participants for this study, findings suggested the opposite. Participants who had high expectations and optimism about higher education seemed to have higher levels of mental health stress. Emma, for example, was a high achieving student in high school and had high expectations when she transitioned to Western University. But once she started to realize

that those goals could not be accomplished due to the environment she was in, her anxiety and depression started to worsen.

The competitiveness of the college environment led to academic pressure (or pressure in general) for participants who stated that this was one of the factors that led to their anxiety and depression. Findings from Watkins, Hunt, and Eisenberg (2012) and Wyatt and Oswalt's (2013) studies about academic pressure were similar to findings of this project study, as most participants had high expectations of doing well at their institution, but they were unable to achieve their academic goals for many reasons, that included the institution's own expectation and comparing themselves to other students, that led to them doubting their intellect and self-worth on campus (impostor syndrome).

The conceptual framework chosen for this study was theory of planned behavior. Each participant had their own reasons to seek or not seek professional assistance and had their own beliefs, as well. Some participants had a positive attitude about seeking help, while some had unfavorable attitudes. Participants who had a positive attitude (behavioral) toward seeking help, they eventually sought professional help, whether it was during their first year or later. For instance, Mia and Olivia both had positive attitudes about seeking help as they both eventually sought professional assistance for their anxiety and depression during their first year in college. Emily, however, had a negative attitude toward seeking help as she did not feel she needed it and it was not for her. Thus, she ended up seeking other alternatives during her first year in college.

Also, some of the participants were influenced by others to seek help (normative) help. For instance, Emma and Olivia both had positive influences from either a

significant other or friends to seek help and eventually sought professional assistance during their first year at college. Ava's community, on the other hand had negatively influenced her behavior on seeking help, as it was seen as a sign of weakness to seek help, let alone talk about it. Thus, she did not end up seeking professional assistance. As for behavior control, Daniel had fears that he had to overcome about seeking help.

One of the main objectives for this study was to discover new themes that led to a student's anxiety and depression to escalate. However, the themes that were found for this study were not that different from the literature reviews that were reviewed for this project study. Many students are still facing the same challenges that were found from previous research studies. Thus, completing a white paper project would benefit the school's mental health awareness and explain to students and stakeholders that, although the issues are still the same, we can try to help ease the rise of mental health challenges. Findings from this project study about decisions for seeking or not seeking professional assistance are also reflected in previous literature. However, one important finding was Charlotte's decision to use peer-to-peer counseling. She was more willing to share her thoughts and feelings with someone who experienced similar challenges as her and within the same age group than someone who was licensed to help her.

Summary

In Section 2 the research method, data collection and analysis, and findings were presented. The participants provided an insightful look into their lives while experiencing anxiety and depression and described the factors that led to their mental stress and decision to seek or not seek professional assistance. Semistructured interviews were used

when interviewing participants, and a research journal was used to write down notes during the interviews. Member checking was explained and conducted to make sure that the initial interpretation and transcribed data were accurate. I anticipate that the project based on findings of the study will help to establish mental health awareness at not only the research site, but also on college and university campuses worldwide.

Section 3: The Project

Introduction

In this section, I will discuss the white paper in full detail and explain the reason why it was appropriate to address the problem for this study. I have also completed literature reviews on the white paper method to further explain the genre and explain the purpose and structure of the white paper. After the literature review, I explain the implementation of the project, including the potential resources and existing support, barriers, implementation and timeline, and roles and responsibilities. Last, I explain the evaluation of the project, social change implementation, and conclusions related to the project.

Description and Goals

The white paper is used to inform and attempt to persuade its readers to implement a change in policy. Reviewing the data from Section 2 made me realize that a change of institutional culture was warranted, and a white paper seemed appropriate to attempt to change the research site's culture on students seeking help for their mental health challenges by having staff and faculty review the white paper. The goal is to empower staff and faculty not only to be aware of the services the research site has to offer, but also to be aware of signs of students who may be experiencing depression and anxiety. This will also offer more insight to new faculty and staff who may have limited ability to help students with mental health challenges. In the white paper, I also presented the findings and quotes of participants from Section 2 of the study to provide a sound basis for the project.

Rationale

As much as I would have enjoyed sharing my dissertation with the institution, I believe a more appropriate approach would be to use the white paper to do this. The white paper is considered to be a teaching tool for employees working in a business and professional setting (Willerton, 2012). Although often used in the business world, it seemed reasonable to apply this method to the education setting. Section 2 of the study presented data from participants who shared their stories about their mental health challenges and help-seeking methods. Most of the participants felt their anxiety and depression were elevated due to the pressure the campus had set for its students. The pressure to succeed along with other compounding factors led me to believe that the white paper was appropriate for this project study.

The white paper has allowed me to put more emphasis on not only changing the research site's campus policy, but also change its culture regarding supporting students who have experienced anxiety and depression and educating staff and faculty about available resources they can use for their practice. For example, if a faculty or staff member encounter a student who shows signs of anxiety or depression, he or she may ask the campus counseling center for assistance to try and help the student, rather than ignoring the concern.

Review of the Literature

Since the chosen project was a white paper, I have conducted review of literatures that explained the white paper method and policy changes and updates in higher education. Since the project is geared toward scholarly interest, I used the following

databases: ProQuest Central, Education Resource, Education Resource Information Center (ERIC), Google Scholar, Business Source Complete, and PsychINFO. The reason why the two latter databases were used is to get more information about the white paper in both entities. The white paper has other synonyms for it. Thus, I made the decision to use other synonyms while searching for relevant peer-reviewed articles that included position paper and policy paper.

The primary search terms that were used in the mentioned search engines were: *educational policy, policy change, policy making, position paper, position paper in higher education, white paper, white paper in higher education, writing educational policy, writing a policy, and writing a white paper*. Also, I incorporated the following terms to go along with each primary term: *mental health* and *higher education*. Although a number of terms were used to find literature reviews for the genre, the results were limited. The literature reviews were even more limited when I restricted the peer-reviewed literature publication search within the last five years (2014-2018).

Policy Making in Education

Policy, in basic terms, is a principle of action adopted or proposed by an entity, such as government, business, or individual (Anderson, 2014). The policy making can be a rewarding, yet very challenging process. However, the person writing the policy should focus on the complexity of the problem and provide goals on how to rectify the issue (Anderson, 2014). Additionally, making a policy should not be considered to be finished as it is constantly updating and never-ending. Educational policy is a type of public

policy that affects education that is implemented through federal, state, and local levels (Bochniak, 2014).

Barr (2014) examined the mental health policies, or lack thereof, for an online program at the higher education level. Barr outlined the recommendations on updating policy and procedures for faculty members to identify mental health needs of students who are enrolled in online programs. Barr backed her recommendations by providing data about the rise of mental health challenges among students on campus, according to a 2012 report by the American College Health Association (ACHA). Regardless if participants were studying online or on campus, many of the participants who reported on experiencing mental health challenges had depression or anxiety (Barr, 2014). Despite the high number of students experiencing mental health challenges, Barr stated that faculty are ill-equipped and not confident enough to identify students who are in need of support, such as referring students to counseling.

Barr (2014) provided a table that outlined patterns of behavior from online students who may be experiencing mental health challenges. These patterns of behavior are: atypical, such as out of character; unusual, such action paranoid or out of touch from reality; and, poor academic performance. When faculty communicate (email or phone call) with students who are showing signs of any of these behaviors, they need to be clear, straightforward, and point out the behaviors that they, the student, are showing (Barr, 2014).

With the challenges that online students face when it comes to mental health, Barr (2014) encouraged institutions in the United States to update or develop policies related

to the health and wellness of online students. The suggestions were: create a procedure on how to address disruptive behaviors; create consistent policies between on campus departments and institution as a whole for addressing student distress and behavior, as well as following up with students, faculty, and staff; and, include counseling and health center staff in design in policies and protocols addressing the needs of mental health issues (Barr, 2014).

Policy Implementation

Policy implementation is a day-to-day routine for schools, while educational policy implementation is a purposeful and multidirectional change of process aiming to put a certain policy in practice and may affect an educational system at many levels (Viennet & Pont, 2017). Often, policy makers tend to not focus much on the implementation since it is a very complicated process to complete (Viennet & Pont, 2017). There are a number of stakeholders that have to be involved in the process and can lead to challenges, such as push back from those who disagree or those wanting to add more to the policy changes. In short, policy implementation is meant to translate goals and objectives of a policy into action (Khan, 2016).

Khan (2016) explained that policy has many definitions within the scholarly realm, and also highlighted some examples of a failed policy implementation and resolving any conflicts. Khan's example of a failed policy implementation revolved about improving the employment opportunities for the African-American community in Oakland, California. Although the intention was meant to be thoughtful by the city of Oakland, it ended up being a failure due to many reasons that included: unclear goals and

objectives, lack of planning, and too many participants involved (Khan, 2016). To avoid these circumstances in the future, Khan provided tips on how to so. Some of the key tips included: having a clear goal and objective that has been agreed upon by key decision-makers; having key decision-makers view the proposal as legitimate; monitoring the process at all times; defining roles and responsibilities; and, overcoming complexity of joint action, such as deescalating friction from other entities (Khan, 2016).

In relation to mental health policy implementation, Goodman (2017) reviewed literature studies about mental health and policy implementation in higher education. Goodman felt that most higher education institutions did not unanimously prioritize mental health and thus struggle to meet the needs of students who are experiencing mental health challenges. After reviewing a plethora of literature reviews, Goodman determined that there are barriers that are preventing students from utilizing services. The barriers were: stigma and perception of mental health illness, time and preference for self-management, and knowledge and availability of services (Goodman, 2017). To help and ease these challenges, Goodman suggested that schools should update policy and procedures to help and encourage students to seek assistance. However, implementing the policy is a challenge as it involves more funding.

White Paper Genre

To better understand the white paper genre, it is best to explain the brief history of the genre and where it is commonly used. The white paper genre has been mostly used in the business world (Campbell & Naidoo, 2017) as well as in the telecommunicating and market communicating worlds (Malone & Wright, 2018). This genre is also known as a

position paper. Despite its usage in the noneducational sector, it can be very effective and sensible to use in any setting if a change in policy is needed (Obregon, 2017)

The British government was using white papers in the early 20th century. The document was also known as *Churchill White Paper*. However, it is now being used to introduce innovative technology and products (Malone & Wright, 2018). Malone and Wright (2018) explained that the general consensus is that the white paper was introduced into the scientific realm when Enrico Fermi wrote about the nuclear fission in the early 1940's, although no actual documentation was found. However, the white paper genre started to slowly make its way into classified reports in the academic and military research in the computer industry (Malone & Wright, 2018) and has been a popular tool used in the marketing world (Campbell & Naidoo, 2017).

Writing the White Paper

The importance of the white paper is that decision makers are more than likely to read a high-quality white paper than a brochure, as the white paper is more detailed in context than a simple brochure (Hoffman Marketing Communications, 2006). In the business and marketing worlds, white papers are very beneficial to a company as they can educate employees, reach a wider audience, and educate prospects before meeting with a salesperson (Hoffman Marketing Communications, 2006). However, writing a white paper can be challenging, as it requires large amounts of information in order to make a compelling argument. The writer should do extensive research about the topic at hand and attempt to find information that has not been made public yet (Stelzer, 2007).

Additionally, the white paper should be between 1,500 to 3,000 words, equivalent to 3-6 pages in length (Pershing, 2015).

In addition to doing research about the topic at hand, the researcher should know its audience (Stelzer, 2007). One of the crucial mistakes is that a writer has a tendency of not understanding the nature of their readers. It is very important to understand whom a writer is writing for. Since my focus is geared toward leadership, my focus should be on capturing their attention right away on the white paper; otherwise I will lose their attention (Stelzer, 2007).

Credibility is also another important element on writing a white paper. This means that a writer must present strong evidence to support his or her claim (Stelzer, 2007). An effective way to present some strong evidence for this white paper would be to use direct quotes from participants from my findings. One of the reasons why being as credible as possible is crucial is not having the reader question the validity of the white paper's claims (Stelzer, 2007).

White Paper Used in Education and Other Settings

As previously explained, the white paper genre can be used in a non-business setting, more importantly in higher education. In this section, white paper examples will be provided and also as This will further provide context to the white paper method for this project study and what each author had in mind when they wanted to implement this method at their respective institution.

Samhaber (2015) investigated why full-time faculty at a business program in a small community college in Canada were not completing college course design and

student assessment training on a frequent basis. The researcher collected data through face-to-face, open-ended interviews with 12 participants from the school's business school. After collecting and analyzing the data, the researcher found eight themes that included lack of professor role clarity, motivators to complete training, and college leadership. Samhaber created a white paper for full-time faculty members to improve the human resources policy and faculty professional development (Samhaber, 2015)

Rossi (2017) wanted to implement a white paper/position paper after completing a qualitative study that was focused on kindergarten teachers and administration's early literacy strategies. In her study, Rossi explained there was a challenge with the literacy gap between kindergarten students and wanted to examine the practices among teachers and administrators. Rossi interviewed 5 participants to get their thoughts about their current practices. The major themes that were revealed were: instructional support, use of multimodal curriculums, strong teacher/student relationships and consideration of issues outside the instruction and curriculum such as mental health of students (Rossi, 2017). After reviewing the data and analyzing the findings, a position paper (white paper) was chosen to provide feedback to administrators and staff at the research site. Additionally, the position paper could potentially reach out to the research site's sister schools.

Obregon (2017) conducted a study that addressed the problem of knowledge and skills lost by new graduate registered nurses while delayed in transitioning to professional nursing practice. The reason for this study was to understand new graduate nurses' perceptions of their delay to professional practice, as some graduate nurses were either not obtaining gainful employment after graduating from their program or were

underprepared after being hired. The researcher conducted a case study design for her study and 8 participants were selected for this study (Obregon, 2017). The common themes that were found were: transition into being a nurse, satisfaction of passing a difficult test that led to them being complacent, application frustration, and lack of confidence (Obregon, 2017). To address this issue, Obregon decided to implement a white paper method to help with the issues at hand. The main purpose of the white paper was to acquaint, educate and convince nurse educators and managers about the impact the delay of registered nurses obtaining employment for their practice (Obregon, 2017). The white paper consisted of her findings, goals to overcome the challenges, and recommendations.

White Paper Relating to Mental Health

McGartland-Kinsella (2013) developed a white paper after a 2009 survey was conducted at six Ontario showed that 53% undergraduates were overwhelmed with anxiety and 54% were depressed. Although some efforts were being established to help those with mental health challenges, the author wanted to direct the white paper to housing professionals on campus as she felt that more awareness should be emphasized toward student housing. The author stated that the initiatives created by these campuses are not available after hours when students are in their dorms. The front-line staff and housing administrators needed to be informed and step-in when the time was needed. Thus, this white paper was geared toward housing professionals with an outline of Canadian literature reviews, best practices, and learning opportunities (McGartland-Kinsella, 2013)

McGartland-Kinsella's (2013) white paper included best practices and training opportunities for the housing staff and leadership. McGartland-Kinsella stated some schools have already implemented their own practice for their staff. One of the practices was a screening project implemented at a U.S. higher education institution. The screening, called College Screening Project, is an interactive, web-based method to help identify students who are experiencing mental health challenges that put them at risk for suicidal behavior and getting them support and treatment they need. Students enjoyed that they could seek this support anonymously, as they feared that someone may know of their challenges (McGartland-Kinsella, 2013). Another practice was having mental health counselors at the student's residential halls for convenience. As for the training opportunities, McGartland-Kinsella provided information about an outside program that works with colleges to educate professionals on how to support those who are at risk of suicide due to mental health challenges.

The Coordinating Committee of Vice Presidents Students of College Ontario (CCVPS) established a white paper for its community colleges about the significant increase in the demand for counseling services to assist students with their mental health challenges. After collaborative efforts to fund the community colleges counseling centers and other departments, the administration stated that improvement was needed. They listed three key challenges: current models were unsustainable; a need for a more integrated strategy and approach to among stakeholders to guide funding and service; and, Colleges need to better collaborate with community agencies to maximize efficiency and minimize gaps (Coordinating Committee for Vice-President Students, 2015)

After interviewing key personnel and administrators among the community colleges in Ontario, some important information was found when the Vice Presidents analyzed the data. Some of the key items were: demand for mental health services is surpassing the capacity under the current delivery models, a need for stronger means to identify students at risk of mental health challenges who are transitioning from high school to college, and complexity of student mental health needs has grown as the student population diversifies and students who, in prior years may not have contemplated postsecondary education access the system (CCVPS, 2015). The white paper also provided nine recommendations about a change of policy, models, collaboration, transitions, data, advocacy, and funding.

DeBate (2017) also established a white paper for University of South Florida (USF) about the increase of mental health challenges among its students. DeBate stated that there was a high number of students seeking counseling on campus. To coincide with this challenge, many counseling and student health centers have seen a dramatic increase of students seeking help for their mental health challenges. DeBate provided a problem statement that included the topic of students who discontinued their education due to mental health challenges. Additionally, she briefly described that USF has a mental health assessment for its students every 2 years. She also provided a chart that explained the increase of mental challenges between 2011 through 2016. Over that timeframe, there was an increase of students experiencing depression and anxiety (DeBate, 2017). DeBate proposed a program called Mental Well-Being for Student Success (MWell4Success). The program is meant to address the needs of USF students who are experiencing mental

health challenges through collaborative system-thinking and public health framework. In order to accomplish this, three tiers were proposed.

The first tier was universal planning that included increasing mental health literacy among USF students, staff and faculty. For staff and faculty, the literacy will help try identifying signs and symptoms of students experiencing mental health challenges. This tier also involved the aspect of social marketing and Additionally, in this tier, Establish Success & Wellness Coaching to increase effective coping mechanisms and resiliency among USF students. The second tier was targeted programming that included mental health outreach specialist and establishing satellite counseling centers with extended hours. The third tier was called intensive, which involved care management program for students and connecting them services such as the student health center and counseling (DeBate, 2017).

Heyman (2018) wrote a white paper that critiqued the Ivy League schools' approach to supporting students with mental health challenges, more specifically on how they handle the leave of absences for this population. In the white paper, Heyman criticized policies that were in place in these schools that seem to violate a student's rights if he or she were to leave due to a mental health challenge. She stated that out of the eight Ivy League schools, four of them have policies that include, "community disruption," as grounds for an involuntary absence (Heyman, 2018, p. 6). Heyman stated that this policy actually violates federal laws that protects students who are experiencing mental health challenges. In addition, half, if not most of these schools also have a policy in place where they do not allow students who back onto campus after taking a leave of

absence; do not accommodate students with mental health challenges and preventing them on taking a leave; and, have a time restriction on when students can return after taking a leave (Heyman, 2018).

By reviewing these white papers relating to mental health, it made me realize that each author put in time and care for their suggestions on creating and improving a better atmosphere for their respective institution(s). Most of the authors wanted collaboration from each department on creating a better environment for their students, faculty, and staff. Although Heyman's (2018) white paper was about removing barriers for those experiencing mental health challenges, most of these authors wanted a positive change for each school. By creating a white paper for this project, it will show administrators at the research site that my suggestions are meant to help everyone on campus rather than just one particular party, as shown in the white papers in this section. Ultimately, this method has allowed me to provide valid information about mental health challenges since this issue seems to be never-ending among colleges and universities across the globe.

Implementation

Potential Resources, Existing Support, and Barriers

There are a few resources that can be helpful in implementing the white paper. I needed to find relevant data, in addition to my findings, to present in the white paper. Additionally, collaborating with the institution's counseling center will help with providing their insight on trends about students seeking help for their mental health challenges. Their input to the white paper is essential, as faculty and staff will appreciate

the work that the counseling center has put forward on campus for helping students as well as providing their suggestion on changing the culture on campus.

There are two major potential barriers that I see from this project. First, administration may decline to read and distribute the white paper to staff and faculty, as they may disagree with the notion of updating their policy and changing their culture. They may feel they already have implemented a change of culture, despite my findings showing otherwise. The second barrier is staff and faculty resistance to updating their practice. This barrier is significant, as it will hamper the idea of a culture change at the institution. I hope the white paper is compelling enough to persuade those who are not as easy to persuade. A way to ease the potential barriers is to communicate directly to those who have strong reservation about the white paper. The communication will either be face-to-face, email, or phone call.

Proposal for Implementation and Timetable

First, I will ask permission from the university's administration if I can contact each department head about this matter. If approved, I email each department head in the academic and student affairs department. In the email, I will explain the context of the email and attached will be the white paper that explains my recommendations. This will be sent a month before the start of the new student orientation. The reason why this will be given before the start of the new academic year is to have staff and faculty read the white paper, so they will understand the importance on knowing signs of anxiety and depression and the resources available for students. Additionally, it is best to have this

implemented in the beginning of the new academic year, as an evaluation will be made toward the end of the academic year.

Roles and Responsibilities of Stakeholders

Although the institution as a whole will have a large responsibility, there are a few departments that will have a good amount of it, as well. Since the emphasis is geared toward leadership, students will not have a role and responsibility for the implementation of the white paper recommendations. The academic and student affairs deans will be responsible for becoming familiar with the white paper recommendations and explain the updates to their staff and faculty members. In addition, it will be up to each department if they want to apply the changes right away or seek guidance from either myself or the institution's leadership if needed. However, the white paper will provide detailed suggestions about the change of culture.

Project Evaluation

The project for this study is a white paper that will be distributed to department heads and its constituents. An evaluation must be reliable, effective, and efficient to achieve its goals (Suh, 2018). The best evaluation method for this project is conducting a formative evaluation (Appendix B). I want to determine if staff and faculty were told about the white paper and see if some changes were made toward the culture change of the institution, such as collaboration, inclusiveness, and policy and procedure updates.

Formative evaluation will help the staff and faculty member improve their skill set as well as improving their working performance, and also students will share their experiences as well. This will require patience and time, as this type of evaluation is

never-ending. Additionally, the goal of this formative evaluation is to improve the skillset from each staff and faculty member and provide feedback, support, and guidance and help each individual succeed (Suh, 2018).

The best method to conduct the staff and faculty and student assessment was creating a Google form with the questions about the implementation and changes to the institution. In the survey, I asked about the person's affiliation with the university and asked series of open- and closed-ended questions about their reflection on what occurred during the academic year when it came to mental health awareness on campus. The evaluation will take place at the end of the Spring term (month of May) of each academic year and emails will be sent to all stakeholders, including students, via their school/work email addresses. By doing an online assessment, it will allow everyone to do the end of the year survey at their leisure. The expectation is for everyone to submit their survey online no later than the final Friday of each June. A reminder will be sent mid-June.

Implications Including Social Change

Local Community

The project addressed the needs of learners in the local community by possibly redesigning the culture of the campus environment. The current environment is very competitive and aggressive among its students. Some participants of the study explained that due to the nature of the campus environment, their levels of anxiety and depression were heightened. Another important factor is to have staff and faculty be more attentive to students who are showing signs of anxiety and depression and providing them resources for their mental health challenges. This project will provide structure for all

constituents on campus to help and support students. By having a change of culture, it will encourage students to seek professional assistance or any support that the campus has available for them to use. Students' families and peers will appreciate the additional efforts that the institution will be providing to each student.

Far-Reaching

In a larger scope, the project has the potential to impact other institutions across the country and even around the globe. There are many community and public colleges surrounding the research site that may notice the change of culture. The policy change may garner attention from other community members to the point that the research site's local newspaper may conduct a story about it. Since the institution has sister schools, it would be ideal for them to take this approach if they are experiencing similar challenges.

Conclusion

Supporting the needs of students who are experiencing mental health challenges is important as it will potentially lead to their success in completing their degree in higher education. In order to achieve this, a white paper was implemented for administrators at the research site to discuss the challenges that the campus is facing, along with relevant literature to back up the findings from my research, and also providing recommendations for updating policy by collaborating with other departments and focusing their own needs on how to successfully implement the change.

Section 4: Reflections and Conclusions

Introduction

The purpose of this study was to share stories from participants who experienced depression and anxiety and suggest an updated policy and procedure on how to support these students' needs by implementing a white paper. In this section, I will present my reflections and conclusions on this qualitative, narrative study on mental health challenges. In addition, I will address the strengths and limitations of the proposed white paper policy recommendation based on the findings of the study. This section also includes reflections on my role as a scholar, suggestions for further research, and the implications for social change.

Project Strength

The study and project complemented each other. As discussed in Section 1, there has been a significant increase of mental health challenges among undergraduates, and most are not seeking professional assistance. To address these issues a white paper needed to be implemented to try and change the research site's culture. The white paper was very convenient for this project study due as it stresses to educate and provide recommendation to the audience, the administration of the research site.

The major strength of this project was the stories of each participant. It was a privilege to interview and hear the stories of the participants, as the sensitivity of the subject was high. By having a personable approach to this subject, it will give more of an understanding what goes into a student's mental health challenge as well as help-seeking decisions. In turn, the greatest strength is sharing their stories to those who have an

interest in mental health and students who are in similar circumstances as these participants were in.

Recommendations for Remediation of Limitations

One of the main limitation of the study was the sample size of 11. Initially, I wanted to interview 12 participants, but due time constraints I was able to collect data from 11 participants. There was a concern from my doctoral committee about the small sample size, but in order to get the essences of what I wanted to obtain, stories from each participant, I wanted to keep it as small as possible. If given more time and resources, such as help from other on campus departments, I recommend on doubling the sample size in the future as it may possibly give greater context to an already substantial amount of information to share.

Another limitation was the white paper method as there is many unknowns. As explained in Section 3, there will be push back from administrators and other on campus entities. Even if I were to meet with each department, either face-to-face or another form of communication, it is unknown if it will be strong enough to persuade them of buying into the recommendation. It is also unknown on what type of concerns and questions they may have about this project or if the white paper would be read. Regardless of the unknowns, I strongly feel that improvement is needed to help students as much as possible.

An alternative method to this project was creating a professional development program. Walden requires that professional development program lasts three full days. I admit, it was intimidating to think about a professional development program let alone

creating one that lasts three full days. However, the major concern that I had about this method was the timeframe. Creating activities for three straight full days was overwhelming and felt that the size of the audience would dwindle down significantly, since most staff and faculty members would rather do their work than miss some time to attend a workshop. However, if this project study was done in a much smaller campus size, the professional development would have worked.

Scholarship

Throughout the lengthy process of completing this project study, it taught me a lot about scholarship. For instance, reading over hundreds of peer-reviewed journals, it made me realize that the main issue for this study is interminable and there will always be new studies about the on-going challenges from scholars and their suggestion on mending the issue. In essences, there will be a gap in research and practice even if this particular study is published.

Along the doctoral journey, I felt my writing had improved. English was not my first language, as I grew up in a Spanish speaking environment. Although my older siblings would communicate with me in English, I had to speak Spanish to my family and most of my friends in elementary school. It was not until I got into middle school that I started to speak English more often than Spanish. Although that transition was somewhat smooth, the writing aspect was not. I struggled in my youth on writing well in English even through my years as a graduate student at Santa Clara University. However, during my doctoral journey at Walden University, and especially during the project study

journey, I felt my writing has drastically improved with the help of my doctoral committee.

Project Development and Evaluation

The project development and evaluation were very long and complex processes for me. First, I had to pick what topic was relevant and acceptable by Walden's standard. Initially, I wanted to connect financial aid challenges with mental health, but when I had attended a residency hosted by Walden in 2015 the idea had to be tweaked and my focus shifted to mental health and help-seeking behavior since the essences of the project study was social change. At first, I was challenged since I did not know where to begin. However, after reading many literature reviews and nonscholarly reports about the issue at hand, I was compelled to research this topic and develop a project study.

Perhaps that main reason that made me pick this topic was the fact that there was so much quantitative data about the mental health, that I wanted to know the reasons behind the numbers. Thus, I chose the qualitative approach for this study. Once the study was completed, I had to choose the best project study method that was complementary. After reviewing my choices, I chose the policy update recommendation. As I was going over the best way to evaluate the implementation, I found out that formative evaluation was the best method to do as it is on-going.

Leadership and Change

I have not been in a supervisor position yet in my professional career. In fact, I was always seen as manager's "right hand man." I was complacent with that until I had an uneventful experience with a previous manager, as he decided to leave our office for

another position without informing us of his resignation until the final minute of the working day. It took me by surprise, to say the least, and made me realize that he was lacking some qualities that I wanted in a financial aid director and in a leader overall. By taking leadership courses at Walden University, it has taught me many things about not just becoming a leader but being an effective leader. As leaders, we should be more than just managers. Anyone can become a manager, but it takes time and patience on becoming a servant leader. We should encourage others to become better, valuing different opinions, creating an atmosphere of trust, and so on. It is the leader's responsibility to set the tone in their respective office. If the tone is a positive one, then the rest staff will follow and the quality of work and life in and outside of the office will be apparent.

Analysis of Self as Scholar

I had very little confidence in myself on my ability to research a study of this magnitude. However, I have learned that it takes time and patience on being a well-versed scholar. As time went by and the more peer-review articles I had searched and read, I became more confident in my ability on being a scholar. In a way, I felt that being a scholar is never ending and feel that I will research more about my topic at hand even after I am done with this program with Walden. I appreciate the doctoral program as it pushed me to dig deeper when researching and to analyze the data to make sure it is the information that I needed for this project study.

Analysis of Self as Practitioner

I felt my role as a practitioner evolved throughout the project study process, as I was able to gain useful knowledge that benefited in my line of work. Before embarking in this study, I saw myself just as a financial aid representative and nothing more to do. However, the further I was into my research study the more I wanted to be involved in my office by developing partnerships with other on campus departments. I began to volunteer to go to other near-by secondary schools to help out with not just information about financial aid but sharing my experiences as an undergraduate. In a way, I felt this journey made me more than just a financial aid representative and more so as a teacher to some students and staff. This study was a great way to give back to the local community and hopefully this will not be the last research study I complete.

Analysis of Self as Project Developer

As I mentioned before, I was intimidated with the project developing stages. I felt that I had to do this on my own. However, after speaking with my chair and expressed my concerns, I felt confident in my efforts on developing this project. After brainstorming ideas with my chairs and some of my peers, I began to work on this project very persistently. In a way, I started to realize that my tenacity at an all-time high. For instance, the project was very long and while developing this project, I had a few life changing experiences that including getting married, having a child, and moving into a new position at work. All within the same year. Rather than putting this project to the side or simply putting my doctoral progress on hold indefinitely, my mind would not let

me since I have gotten this far into the program and felt I would be letting a lot of people down.

As for the white paper project development, I never created such a paper in my career. In fact, I had to learn what a white paper was as I never heard of the term. As stated in Section 3, white paper is just another word for policy. As I researched more about the white paper idea and looking at some examples, I had a good grasp on how to complete one. However, a major challenge was finding literature reviews about the white paper method. Again, to my tenacity I could not stop and rethink about another project study idea and finally found some information that was relevant. Lastly, I feel without the support from my chair member, I would have been completely lost and would have really struggled a lot.

The Project's Potential Impact on Social Change

This study helped me understand one's mental health challenge is never ending nor is there an actual cure for it. Instead, people will have to cope with these challenges for the rest of their lives. It is up to him or her to decide what to do with it. I remember when I started with this study, I used the words suffer and mental health in the same sentence. However, my chair made the comment that people do not suffer from mental health challenges. Instead they experience it. It made me think about the usage of the terms suffer and experience. In a way, mental health challenge does not control you, you control it. In this project, I studied how participants were able to control their anxiety and depression during time their time away from their comfort zone. I believe this project will potentially influence those who are having a challenging time coping with their anxiety

and depression. By reading the stories from participants who were on similar paths, they may find solace on seeking help and lessening the stigma that is still lingering in society.

Implications, Applications, and Directions for Future Research

The project has the potential on changing the culture of seeking mental health challenges among college students and having staff and faculty promote mental health awareness on a daily basis. It is not an easy task to complete, but it is a task that can be accomplished. To do this, administrators have to buy into the process and once they do then the others will follow. This change will not happen overnight. It will take a while for it to be implemented and a yearly assessment has to take place to make sure that the institution is not receding back to their old ways.

After reviewing the data from each participant, only one male participant volunteered for the project. In Section 1 of the study, studies were conducted on the amount of female students who sought mental health challenges and not very many male students sought help nor participated. In future, there should be studies on this trend on why male students are hesitant about seeking treatment or admitting their mental health challenges. Another topic that rose was the impact of professional and peer counselor assistance. One of the participants in the study stated that she did not want to seek help from a professional. Instead, she sought assistance from peer counselor. She said that the session with the peer counselor was a student who went through similar challenges as the student and felt very comfortable with him or her, and felt she was not judged like a professional counselor would do. There should be a research study conducted if professional assistance or peer-to-peer counseling is more effective than the other.

Conclusion

In Section 4 of the study, I explained the white paper project's strength and limitations. The white paper will serve as a resource for administrators at the research sites on how to improve their culture on helping those in need. Also, in this section I shared my reflections on scholarship, project development and evaluation, and leadership and change in the doctoral program. I explained my experiences while doing research for this project study. Overall, my experiences during this educational journey was long yet rewarding and at the same time my writing has vastly improved. However, I feel this is only a stepping stone in my journey as a life-long learner.

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Appendix A: The Project

A WHITE PAPER ON
MENTAL HEALTH AWARENESS

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Table of Contents

Executive Summary.....	194
Introduction.....	196
Local Research Findings	197
Recommendations	199
Program Evaluation.....	208
Reference List.....	210

Executive Summary

Recently, college campuses across the country have seen an increase of counseling demands from students who were experiencing anxiety and depression. According to a longitudinal study conducted by Lipson, Lattie, and Eisenberg (2018), mental health challenges for undergraduate students rose between 2007 to 2017. In 2007, 22% of undergraduate students reported having a mental health challenge. In 2017, however, the number had risen to 35%. Findings from a more recent and similar survey conducted by the American College Health Association (ACHA) in 2018, have been consistent to those from Lipson et al. study. In fact, ACHA's study found that nearly 63% of students who were surveyed were experiencing overwhelming anxiety, while 43% of students were so depressed that they were unable to function (ACHA, 2018). In a greater sense, it appears that 3 out of 5 students experienced anxiety while 2 out of 5 students experienced depression. According to a study piloted by Gaddis, Ramirez, and Hernandez (2018), there were high levels of stigma for students seeking mental health services.

Unfortunately, the colleges and universities in the Bay Area are not exempt from these challenges. This paper was developed for administrators at Western University and a local college support program called Bay Area College Support (BACS) to review the findings of a local qualitative study that was conducted within the last year and provide a more personable context to the issue. In the latter part of this white paper, four recommendations were included to better improve the student experience.

The white paper is to further educate administration, staff, and faculty on identifying students who are experiencing anxiety and depression and recommend local

support services, such as the institution's health center. Overall, this white paper will attempt to improve the institution's environment by connecting everyone, including staff and faculty, with the appropriate support system. Additionally, this will help lessen the stigma of students seeking assistance for their mental health challenges. To determine if the implementation is going as planned, faculty and staff will be assessed at the end of the academic year about their experiences and students will be assessed about their experiences as well. Google forms will be used as a method to survey and will be emailed directly to on campus accounts. The ultimate goal of this white paper is to help improve the culture of the campus and program when assisting students with mental health challenges.

Introduction

In this section of the white paper, literature reviews on the rise of mental health challenges among college students, and the underutilization of psychological services are presented. Over several hundred of studies explained that mental health challenges among college students across the world have been on the rise, and it has been a growing interest for researchers to examine the challenge at hand (Archuleta, Dale, Span, & Kruisselbrink Flatt 2013). From the peer-reviewed articles that were read for this topic and other sources that relate to mental health in colleges, a few stressors were identified that led students to experience anxiety and depression, such as, but not limited to: transitional challenges from high school to college, academic pressure, financial challenges, and lifestyle.

While anxiety and depression challenges are rising among college students in colleges and universities, there are students who experience mental health conditions but are not seeking help (Quinn, Wilson, MacIntyre, & Tinklin, 2009). The reasons include students being unaware or uncertain of the services available, knowing about the services but deciding that it was not for them, and the social and cultural stigma impact on seeking help for assistance. Social psychologists state that stigma is linked toward attitudes and stereotypes that are learned from cognitive beliefs, feelings, and associated behavior (Quinn et al., 2009). Students are afraid to disclose their mental health challenges because they fear that it will negatively impact others' opinions, as they may be seen as weak and also fear that their mental health challenge will be revealed to future employers, to the point where they may not be hired in their desired career. Unfortunately, Western University and the BACS program are no exception to these challenges.

Local Research Study Findings

To add to the existing literature, I conducted a qualitative research study that added a personable story of participants who experienced anxiety and depression during their first year in college, the factors that contributed to their challenges, and decisions to seek or not seek professional assistance. A total of 11 participants self-identified and participated in individual one-on-one interviews. From the 11 participants, 8 were currently enrolled in Western University, while 3 participated in the BACS program and attended a public four-year institution in California. After transcribing and analyzing each transcript, the most common themes that were found to have contributed to each participant's mental health challenges were *pressure, transition and adjustment, and roommate and familial challenges*. In addition, the factors that led participants to seek or not seek professional help included: *influence by peers, affordability, and perceived stigma*. To provide a perspective on what participants of the study stated, I provide some quotes from them explaining these challenges in their own words. Due to privacy concerns, the participants were given aliases.

Pressure

Pressure was identified as one of the common themes when analyzing the data. Pressure comes in many forms for most individuals. In this case, however, a few sub themes were found when it comes to pressure. Those were academic pressure, which then led to impostor syndrome; familial pressure; and self-pressure. Regardless of what type of pressure each participant experienced, pressure was one of the factors that led to their anxiety or depression. Academic pressure was one of the sub-themes in this category.

Charlotte, a science major, stated, *“Western University sets the pace! If you can’t follow it, then you’re going to fall behind in some way.”* Charlotte further explained her concerns about meeting her family’s and school’s standards to the point she began to question her intellectual ability, *“I think my spring term freshman year... I started, like, hesitating and... doubting myself. So, I was able to take Chemistry (course) in my spring semester, freshman year and since it was like a bigger class, I was like, “holy cow,” like everyone here is like so smart and... the class is so big. My first midterm I literally like bombed and I was like so shook at myself. I was like, ‘I thought you knew!’”*

Most of the participants acknowledged that their college or university was a very challenging experience during their first year, especially since they did not expect the rigor to be as intense and competitive as it was. By experiencing the academic challenges, it led each participant to question or experience impostor syndrome, which is a condition that makes an individual feel like a fraud or not as smart as others.

Transition and Adjustment Challenges

Most of the participants were transitioning from high school to college, while some already transitioned to college while being in a middle college program, and another was transferring from a community college to a four-year institution. However, adjusting to a bigger and newer campus was a challenge for all of the participants. Emma, a political science major, said, *“Once the semester started, it was very different from the dreamland state that I was in during the orientation. I saw the reality of this campus and this city. It can be very cold at times. uniformed and coming out here, having all of this*

freedom, not living with my parents anymore it was just really different. I guess not having that regimented guidance is what let to me stray during the first year.”

Like Emma, most of the participants stated that they had a daily routine prior to attending college and the guidance from their parents and teachers on what to do and all changed when they entered college and they had to fend for themselves. Having all of this freedom away from home should have made things better for them as young adults, but in most felt they needed additional guidance and support from staff and faculty on campus when they transitioned from high school to college during their first year.

Roommate and Familial Challenges

The last theme that was discovered was the challenge that most participants had with their roommates and family. Living away from home was challenging for most of the participants but living with someone whom they were not familiar with was just as challenging, if not worse. Ava, a psychology major, said, *one thing that I did kind of have trouble with the social aspect of it. That always brings on anxiety. When you're in a totally different new place, you're by yourself. That's one thing. When I went to college, I didn't know anybody else who was going from my home town or anything like that.”*

Some participants stated that they wanted to have a strong and healthy relationship with their roommates and peers, while others just wanted to maintain their sanity while living with complete strangers. However, the overall impression is that students wanted to live comfortably with complete strangers and have a strong support network on campus since they will be on campus for the next few years while completing a degree of their choice.

Utilization of Professional Services

Of the 11 participants from the study, 4 participants sought assistance during their first year, 3 sought assistance after their first year, and 4 decided to seek alternative services that did not include a professional helper. Each of the 4 participants who sought professional assistance during their first year stated that they had experiences on seeking help before enrolling into college, either through family and friends' experiences or of their own.

For example, when Emma was asked about her help-seeking tendencies she said, *“Yeah, in high school it was especially bad, I think that was like the worst of my anxiety. I had to go to therapy. It was pretty rough back then. But over time, I've tried to be more conscious of it. I've tried to be better at reaching out for help, because back in high school they kind of forced me to seek help. Then after that I kind of started reaching out myself. I'm an artist. I started making a lot of new art work. All of my hurt and pain turned into passion through my art. My partner, she told me that it would be a good idea that I see somebody. My methods of trying to deal with it myself wasn't working as well, as I thought they would. So, I went to the health center and I first saw someone at counseling and psychological services and she really helped me open my eyes at the health center and the benefits that it has.”*

Amelia, a Conservation and Resource major, explained that after going through some challenges in her last year in high school, she decided to take action as a young adult in her first year at Western, *“Before I came here at Western, I knew that something was going on, because I remember senior year, I started having a lot of uncontrollable*

thoughts about doing well enough or being good enough. As a high schooler about to go to Western, I was like, 'I'm getting it checked out, and I want to try going to therapy to see if it works.'

As for those who eventually sought assistance after their first year, some said that they could not afford the assistance, while others stated that they were unaware of the services. Daniel, a Geography major, stated that he had attempted to be more social with his peers but to no avail, *"There were definitely times where I'm like, 'I need to go out and make friends right now. I need to go and do this. I need to go out and talk to just people around. I don't have a great relationship with my family and it's not like a mean relationship, but I really want them to be something more to me, support me more and I just haven't been able to get that where I want it to be. I was doing all of those, avoiding social contact, staying up way too late, I was smoking too much, I was doing too many drugs... I couldn't handle it. I really made the decision right then. I was like, 'I need some other help.'*"

Lastly, those who sought alternative methods decided to seek help from their family and friends, church services, and peer-to-peer advising after they decided that professional help was not warranted or could not afford the services. While researching counseling services, Charlotte was referred by her friend for a peer-to-peer counseling program on-campus. The program would connect her with a student who experienced similar challenges as her. At first, she was concerned about her seeking help in general due to stigmatism, but she eventually overcame that. She stated, *"I thought I'd never use it. Then I actually went in and I was kind of anxious just to go in because I was*

just like, what if my friends see me or do, I really want to talk to her (the peer adviser) about my issues when I'm like not that super close to her. I felt a little bit more supportive or like supported by her, the person that was on duty. I guess it's like that weird phenomenon where you can tell a stranger a lot more things about you than you can like to a close friend because they don't have that same like, oh, I know you at this level. So, their judgment of you doesn't change because it's already there on the table. And I guess that's kind of what I needed at the time."

Recommended Solutions

To better improve the student experience at Western University and BACS, I will provide recommendations to lessen the gap of mental health awareness and provide context of each recommendation by a way of presenting literature reviews that were focused on these recommendations. The recommendations are: *inclusion, advocacy and outreach, and collaboration*. In a way, each recommendation is intertwined to each other, however, I feel that these recommendations will more than likely provide a better experience for not only students, but also toward staff and faculty. By providing context to each recommendation will be able to provide clearer goals on to accomplish a better culture and environment on campus.

Inclusion

The main objective of inclusion is for all students, especially those who are experiencing mental health challenges, to feel that they are fully part of the campus' community both in and outside of the classroom (Stevens, 2016). In previous research studies, it has been confirmed that loneliness and isolation can have a significant risk on a

student experiencing either mental health challenge, such as abusing substance or having suicidal thoughts. An organization called, the UnLonely Project, stated that there is a correlation between isolation and mental health challenges.

Stebbleton, Soria, and Huesman (2014) conducted a study about first-generation students' sense of belonging, mental health, and utilizing on campus counseling services. In their findings, they reported that first-generation students reported lower ratings of belonging, higher levels of depression and anxiety, and not using the services to help cope with their mental health challenges. In a similar study, Costello, Ballin, Diamong, and Gao (2018) reported that students who were experiencing mental health challenges at a college in the New England area were not being fully supported by staff and faculty about their challenges. Students who participated in their study felt that they were left to fend for themselves and their needs were not being met by the college. As explained in the findings of my study, most of the students wanted to feel a sense of belonging. College campuses, such as Western, are very big and often intimidating, but we can improve this by making small steps to improving the campus' sense of belonging regardless of a student's profile.

McMaster (2012) provided an overview about inclusion and what elements are included on creating inclusion on campus. These elements are: developing a shared vision and common definition of inclusion; a process of learning reflecting best evidence synthesis for professional learning and developments and change that takes place on the cultural level (McMaster, 2012). To improve inclusion, McMaster states we first must have professional learning and transformation. To do this, we must review our core

values as an institution. Western's core values include honesty and integrity, freedom of expression, and respect of people's differences. If the institution is not following their core values, then there is a disconnect among administrators, faculty, and staff that may eventually trickle down to students and their may experience at Western may not be satisfactory.

Another important element is changing the culture of an environment. Not all college campuses have the same culture due to many reasons, such as the value of the institution. In a way, culture can have both written and unwritten rules about it (McMaster, 2012). Regardless, a change is needed when it comes to servicing students who are experiencing mental health challenges. One recommendation to improve the culture is having a social connection activity, such as the one by Massachusetts Institute of Technology (MIT) week-long event. MIT created a week-long activity called, Random Act of Kindness (RAC). The purpose of this week-long activity is to connect all constituents of MIT with small acts of kindness, such as passing out flowers, and it is a collaboration among students, staff, and faculty, which is another area that we can improve on.

Advocacy and Outreach

Being an advocate for mental health is something that all colleges and universities should be doing. Advocacy will not only provide support to students, staff, and faculty, but can promote services at their disposal, lessening the stigmatism that surrounds mental health and seeking help. It is not uncommon for people to have stigma about mental health challenges and seeking help for it. However, stigma is very real and a big

challenge for a young adult to overcome. Vogel, Bitman, Hammer, and Wade (2013) have confirmed that many college students are underutilizing mental health services for their mental health challenges because of stigmatism. There are two kinds of stigma, public and self-stigma. Public stigma is a perception that is held by a society or a group of people that tend to socially judge an individual and tends to lead toward a negative reaction. Self-stigma is the decrease of someone's self-esteem caused by their own self-labeling (Vogel, Wade, & Haake, 2006). Thus, being an advocate for mental health can lessen the stigma.

When attempting to promote advocacy about mental health, we are trying to change the perception on how we go about the challenges. The National Alliance of Mental Illness (NAMI) provided ways to lessen mental health stigma. The ways to lessen stigma, but not limited to, are: *talk openly about mental health, educate yourself and others, be conscious of language, be honest about treatments, show compassion for those experiencing mental health challenges, and choose empowerment over shame* (Greenstein, 2017). These are ways we can focus when attempting to improve our culture when it comes to be an advocate on mental health.

As NAMI stated that we should be honest about treatments. In my research study, I found that some participants took alternative approaches for assistance, other than professional. Some stated that treatments were very expensive while others said that it was not meant for them. One participant stated that she did not want to seek professional assistance as she felt that the therapist or psychiatrist would be judging her rather than helping. Thus, she sought alternative help by using the campus' peer-to-peer counseling.

She stated that she enjoyed her sessions with the peer counselor because they instantly connected and felt that the counselor knew what she had been experiencing. Walther, Abelson, and Malmon (2014) support this approach by encouraging a peer-to-peer counseling mental health awareness, as it will lessen the stigma for students seeking help.

Ferrerio (2014) provided some outreach practices that she suggested for a community college, but the methods can be applied to all campuses across the world if they have not yet been implemented. The practices that caught my attention were: creating a one-unit course for stress and time management; providing training videos and sessions by the counseling services to students, staff, and faculty; and a monthly university/department newsletter about mental health. These outreach practices are already being used at other institutions that were experiencing similar challenges at their institution. In order for advocacy and outreach to work we need to have collaboration among departments.

Collaboration

To further change the culture of BACS and Western University, departments and student organizations need to work together. MIT's week-long activity is done by collaboration among students, staff, and faculty. Students want to have an enjoyable experience in college, as well as for staff and faculty. Often a task this significant and difficult will take more than just a single person to complete. Collaboration is a very useful tool and often seen as a necessity on completing very difficult tasks (Shah, 2010). Collaboration is the act of working together with other individuals, and in this case departments, and to ultimately complete a mutual goal (Kemp, 2013).

To provide further context of collaboration, Chirag Shah (2010) provided the essentials of creating a successful collaboration effort. First, he provides a model of collaboration. The model has five components and they are, *communication* (information exchange), *contribution*, *coordination*, *cooperation*, and *collaboration*. Each of these components are essential on having a very successful collaboration effort. For example, coordination is a subset to collaboration, meaning that in order have a meaningful collaboration there must be a coordination of people and events (Shah, 2010). Following this model promotes healthy collaboration efforts among staff, faculty, and students.

Although the model provides five elements that go into having successful collaboration efforts, there are advantages as a whole for this method. The first advantage is that we can garner as many new ideas as possible from all participants that we may have not thought of before. Second, individuals can garner new skill sets that may needed to be improved or newly obtained and can be then taught to other individuals to the team and also, we can take benefit their skill set (Kemp, 2013). Lastly, the model opens up communication among constituents of each institution, as some participants in my research study suggested.

However, there are some key limitations that may come up when establishing collaboration among individuals and departments. The first limitation is that it can be very time consuming (Shah, 2010). Both Western University and BACS have departments within their institution that have duties they have to attend to and encouraging them to collaborate on creating a better culture on their site will take up more of their time. A way to minimize this challenge is to have each department agree on

the time and days they can meet to work together. The sessions do not need to be long sessions but working together for at least an hour a week or bi-weekly can be a start to this process.

Another limitation is communication. Like any relationship, communication is very essential toward further establishing it and collaboration is no exception. There may be some miscommunication among departments, but we must try and limit that as much as possible. To keep this at minimum, or avoiding it altogether, is to be discuss expectations of the group, be clear and to the point, and being an active listener. These are some suggestions that can help limit or avoid miscommunication when collaborating with other departments and individuals. This is a vital barrier that departments should try to resolve before doing any type of outreach to its general student population.

Evaluation

Project evaluation should be performed in order to determine if revisions need to occur on a yearly basis. Evaluation will include students, staff, and faculty and will be in a form of a Google survey that will be sent to Western's and BACS email addresses. The evaluation will be provided in an email to students under, "Student Mental Health Awareness Assessment," and, "Staff and Faculty Yearly Assessment of Mental Health Awareness" for staff. The questions are mostly open-ended and will give each participant the ability to provide as much information as possible on certain questions. The evaluation will be provided at the end of the spring term (no later than May), and the deadline to complete it will be in the final Friday of the month in June. Once all of the

data is collected, we will review the answers and then meet with administrators about it, as well.

Summary

The purpose of the white paper was to provide recommendations on improving the mental health awareness on campus. Another purpose was to lessen the stigma that currently exists when it comes to seeking mental health services, either using professional or alternative services. Each recommendation was explained along with quotes from participants of the study to give it a personal touch. Lastly, an evaluation will be conducted to review if the recommendations were able to be implemented and ask if students were able to notice the changes. The white paper can be used as is or altered at the discretion of the administrators on either site. The overall consensus is to improve the student experience.

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Appendix B: Project Study Evaluation

Staff and Faculty Yearly Assessment

The purpose of this assessment is to review if you and your department had encountered a student who was displaying signs of anxiety and depression, what steps were taken, and if your office reached out to another department about working together on improving the student experience.

*** Required**

What department do you currently work for? *

How many years have you been associated with your department? *

Prior to the beginning of the academic year, were you aware of any on-campus mental health services? *

Mark only one oval.

- Yes
- No

If so, please indicate the services you were aware of.

Does your office or department have a protocol in place if a student showed signs of anxiety or depression? *

Mark only one oval.

- Yes
- No

If so, please highlight some examples.

Did you or anyone in your department encounter a student who showed signs of anxiety or depression this past academic year? *

Mark only one oval.

- Yes
- No

If so, what steps were taken to support the student? Please be elaborate as much possible.

What areas does your office or department need to improve on? *

Did you or your department collaborated with anyone from another department about protocol procedures? *

Mark only one oval.

- Yes
- No

If so, please name the department or person you worked with and explain what occurred.

Do you recommend any updates to the institution's current approach on mental health awareness? *

Mark only one oval.

- Yes
- No

If so, please state the recommendations.

Student Mental Health Awareness Assessment.

To purpose of this assessment to review if you had endured any mental health challenges, what steps you took, and if you sought professional assistance. Please keep in mind that your info and answers will be private.

*** Required**

What is your current grade level? *

Mark only one oval.

- Freshman
- Sophomore
- Junior
- Senior

Where do you live? *

Mark only one oval.

- On-Campus w/roommates
- On-campus by yourself
- Off-Campus w/roommates
- Off-campus w/parents or relatives
- Off-campus by yourself

What is your gender? *

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other:

Did you experience anxiety and/or depression at any point during the academic year? *

Mark only one oval.

- Yes
- No

What did you do to cope with either mental health challenge? *

Did you sought any on-campus department for assistance? *

Mark only one oval.

- Yes
- No

If so, what department did you visit?

Were you able to get the assistance you needed? *

Mark only one oval.

- Yes
- No

If not, please explain.

What improvements could be made for mental health awareness on-campus? *

Appendix C: Flyer

STUDENTS WANTED FOR RESEARCH STUDY

Participation criteria:

-At least 18 years of age;

-Currently enrolled at four-year university;

*-Have experienced anxiety or depression during first year in college
(transfer students eligible).*

You are invited to participate in a Walden University doctoral research study about anxiety and depression. Participants will be asked to state what factors contributed to their anxiety or depression and how they decided whether or not to seek professional assistance.

The one-on-one interview will last no more than 30 minutes and will be scheduled at the participant's leisure (in person or phone).

If interested, please email David Vera at david.vera@waldenu.edu.

Please provide your name, contact information, and the best time and date to meet or call.

*A \$25 Amazon gift card will be given as appreciation for
participation.*

Please note that all communication will be confidential.

Appendix D: Student Demographic Form

Name _____

Gender _____ Ethnicity _____

Age _____

Current or Expected Major

Current Living Situation (e.g.: living with roommates)

Appendix E: Interview Questions for Students

Please note: I will wait for a complete response before asking the next question.

RQ1: How do undergraduate students describe factors that create mental health challenges while attending a four-year public institution, during their first year?

- I am interested on hearing your academic experience prior to enrolling in a higher education institution. Think back to your time in high school, what kind of student were you? I would like you to provide as much information as possible, as if you were telling a story.
- What challenges did you face while in high school?

RQ1: How do undergraduate students describe factors that create mental health challenges while attending a four-year public institution, during their first year?

- I am interested in your experience in transitioning from high school to college. Think back to the time prior to coming to campus and how you felt prior to starting the fall term. Please include details that you can remember.
- What were your initial thoughts and expected outcomes after your first year enrolled in college?

RQ1: How do undergraduate students describe factors that create mental health challenges while attending a four-year public institution, during their first year?

- Take me through your first and second semesters of college. Think of a time where you started to feel that college was not going as expected.
- What events during this time started to trigger your anxiety or depression?

RQ2 – What factors do undergraduate students consider when deciding whether to seek support for mental health challenges, during their first year?

- Prior to enrolling into higher education, what were your experiences or thoughts about seeking assistance for mental health challenges?

RQ2 – What factors do undergraduate students consider when deciding whether to seek support for mental health challenges, during their first year?

- After you had experienced your encounter with anxiety or depression, what steps did you take to control it before deciding to seek assistance?

- At what point did you decide to seek professional assistance?
- What services did you use?
- If you did not seek professional assistance, what alternatives did you use?